

The RHODE ISLAND MEDICAL JOURNAL

VOL. XXXIII

OCTOBER, 1950

NO. 10

CUTANEOUS CHANGES ASSOCIATED WITH PREGNANCY

ARTHUR B. KERN, M.D.

The Author. Arthur B. Kern, M.D., of Providence,
Assistant Dermatologist, Department of Dermatology,
Rhode Island Hospital.

AMONG the inconveniences, discomforts and ills which befall the pregnant woman, by no means unimportant are those changes of her skin which may develop. Whereas many are of only minor significance, some are exceedingly grave. The cutaneous changes associated with pregnancy may be placed in two groups: (1) those in which a new eruption appears and (2) those in which pregnancy alters a pre-existent dermatosis. Costello¹ divided them into those of endocrine causation, due to diminution or increase in the anterior pituitary sex hormone, and those of toxic and neurogenic origin. However, the specific pathogenesis of many of these dermatoses is as yet unknown and, therefore, a non-etiologic classification is perhaps preferable.

Group I. Dermatoses Induced By Pregnancy

A. *Palmar erythema.* This may take the form of a diffuse, mottled erythema involving the entire palmar surface or may appear as a diffuse redness which is most prominent over the hypothenar and thenar eminences. The erythema tends to increase in intensity as pregnancy progresses. The most complete study of this condition has been conducted by Bean et al² who reported their observations on 484 white and 759 negro pregnant women. They found palmar erythema present in 62.5 per cent of the former and 35.0 per cent of the latter. This is in contrast to an incidence of 5.1 per cent and 4.0 per cent in normal white and negro women respectively. Of the white pregnant females, the dermatosis was present by the second month in 33.0 per cent with a gradual rise from then to the ninth month. Six to seven weeks following delivery the erythema had faded in all but nine per cent. Of the negro women, palmar erythema had appeared in 17 per cent by the third month and seven weeks post-partum only four per cent still showed the erythema.

B. *Vascular spiders.* The first observation of spider nevi appearing during pregnancy and disappearing after its termination was recorded by Corbett³ in 1914. As described by Bean⁴, the vascular spider is characterized by three main features—body, legs and surrounding erythema. The body is the central point; it varies in size and when large and elevated may be seen to pulsate. The legs are the branching vessels which radiate from the center. An area of erythema surrounds the body and in most cases extends several millimeters beyond the clearly visible legs. The lesion is bright red and is usually warmer than the adjacent skin. Bean et al² found vascular spiders in 66.6 per cent of white and 11.4 per cent of negro pregnant women. In a series of white women who had borne children in the past they were present in only 10 per cent. Fourteen per cent of the white women had these lesions by the second month of pregnancy, while among the negro women none were observed prior to the fourth month, at which time they were seen in 8 per cent. By the seventh post-partum week three-quarters of the women who had vascular spiders in the ninth month of pregnancy had lost them.

Suggesting a common cause was the fact that palmar erythema was observed in 67 per cent of the white women who had vascular spiders, while the latter were present in 71 per cent of those with palmar erythema. Tests of liver function failed to reveal any significant signs of hepatic damage. The incidence of these lesions was no greater in the pregnant women with hypertension or toxemia. They concluded that palmar erythema and vascular spiders are caused by hormones, the estrogens in particular.

C. *Subcutaneous hemangio-endothelioma.* These are usually single, pigmented, warty growths with dilatation of the surrounding veins. Histologically the structure is that of a simple nevus, although malignant degeneration has been noted. Davis⁵ observed 11 cases of subcutaneous hemangio-endothelioma in pregnancy. They may appear for the first time during pregnancy, usually in the latter

continued on next page

half, or pre-existing lesions may show a rapid increase in size.

D. *Thrombocytopenic purpura*. This is a serious, but fortunately rare, complication of pregnancy. Polowe⁶, in 1944, was able to find 62 such cases recorded in the literature. As pointed out by Patterson⁷, most of the patients had had no evidence of purpura prior to pregnancy. Of the 47 cases Rushmore⁸ collected from the literature, 43 showed the first sign of purpura after the fourth month of pregnancy. In many the earliest manifestation of the disease was cutaneous purpuric lesions.

E. *Urticaria*. As stated by Pollitzer⁹, urticaria is so common a condition that one might hesitate to associate it in causal connection with the state of pregnancy. However, the frequency with which it has been observed in pregnancy, plus the fact that in many women it recurs during each period of gestation with disappearance following delivery suggests that such a causal relationship does exist. Pollitzer attributed the condition to a toxic substance.

F. *Impetigo herpetiformis*. This usually fatal disease is fortunately rare. It is characterized by the presence of groups of small pustules on inflammatory bases. The eruption appears first in the groin or inner surfaces of the thighs and extends peripherally by the formation of new groups of pustules in circinate arrangement. After several months large portions of the body may be covered by excoriations, erosions, crusts and pustules. Grayish patches with depressed centers may be observed on the oral mucous membrane. Associated with the cutaneous lesions are severe constitutional disturbances. Fever, chills, vomiting, diarrhea, prostration and delirium may occur. According to Costello¹ the maternal mortality is between 70 and 80 per cent, while Hollander and Vogel¹⁰ state that it is as high as 90 per cent. Although the disease usually occurs during pregnancy or the puerperium, its development in non-pregnant women and in males has been reported. However, Sandler¹¹ believes that the cases in the latter two groups are not true examples of impetigo herpetiformis. Toxic, endocrine and infectious causation have been suggested.

G. *Herpes gestationis*. This extremely pruritic dermatosis, first described by Bunel in 1811, is accepted by most authors as being no different from dermatitis herpetiformis except that it occurs during pregnancy. In a statistical review of 20 cases of herpes gestationis appearing in 13 women, Downing and Jillson¹² found the average time of onset was 5.3 months of pregnancy. Prognosis is good since the eruption generally disappears following delivery; occasionally it does persist. In some women there is recurrence in later pregnancies. Crawford and Leeper¹³ reviewed the records of 50,000 patients at the Boston Lying-In Hospital from 1929 through

1948 and found only 11 cases of herpes gestationis, while Mueller and Lapp¹⁴ in 1944 reviewed the literature of the preceding 10 years and were able to collect just 33 reports of this disease.

The lesions are recurrent papules, vesicles or bullae characteristically in groups and symmetrically distributed over the scapular, trochanteric and sacral regions and the extensor surfaces of the extremities. Eosinophilia of the blood and vesicle or bulla fluid is frequently present.

The cause of the dermatosis is unknown. It is believed by some to result from injury to the vaso-motor nerves by toxins arising from fermentations of fetal tissue or cells of chorionic villi. Weidman¹⁵ suggested that the degree of pruritus varies with the level of gonadotropic principle. Antoine¹⁶ believed that toxicosis produced by the ovum in association with a virus is responsible. Renal insufficiency¹⁷ with resultant failure to eliminate toxins, liver dysfunction¹⁸ and allergy¹⁹ have also been suggested as causative factors.

H. *Erythema multiforme gestationis*. As stated by Andrews²⁰, erythema multiforme during pregnancy "is often of the gravest significance and may necessitate abortion." It may develop at any time during gestation and, as in the case presented by Gross²¹, may recur in successive pregnancies. Although a single type of lesion usually predominates, one finds an intermingling of macules, papules, vesicles and bullae generally with surrounding erythema and showing a predilection for the neck and extensor aspect of the extremities. Mouth lesions may be present. Kaiser²² suggested that a toxin due to pregnancy is responsible. Four of the five patients reported by Crawford and Leeper¹³ developed erythema multiforme in relation to a complication of pregnancy, e.g. cellulitis, bronchopneumonia. These authors state that this dermatosis "may occur in relation to so many toxic states that it seems hardly entitled to consideration as a unique feature of pregnancy." However, the fact that some women develop this disorder only during pregnancy, with involution following delivery, suggests that certain changes peculiar to the state of pregnancy may be responsible.

I. *Gingival changes*. Alterations of the gingiva during pregnancy have been described under the titles of stomatitis gravidarum, hypertrophic gingivitis of pregnancy, proliferative gingivitis of pregnancy, epulis gravidarum and pregnancy tumor. However, these are probably all slightly different manifestations of the same condition. Most frequently the gums become edematous, dark bluish-red in color and bleed readily. These changes usually commence about the fourth month of pregnancy, gradually increase in severity, and subside shortly after delivery. The more severe form of gingivitis is characterized by the development of

hemorrhagic, proliferative growths from the interdental gingival structures. These tumors also involute spontaneously after parturition. According to Monash²³ these gingival changes are by no means limited to pregnant women, but the fact that they develop so rapidly during the period of gestation suggests "an exaggerated inflammatory response in some women at that time to irritants that normally evoke only a moderate reaction." Altered buccal secretions, altered metabolism, lack of calcium or vitamin C, and toxemia have also been reported as possible causes¹.

J. *Pruritus.* Pruritus may be mild or may be severe enough to justify the termination of pregnancy²⁴. It is generalized or localized. In the former, examination usually reveals only linear and punctate excoriations scattered over the body. The most common site of localized pruritus is the genital region. In these cases itching may be due to trichomonial vaginitis, moniliasis, diabetes or vulvar varicosities. When due to an irritating vaginal discharge, the vaginal secretions should be examined for *Trichomonas vaginalis* or *Monilia albicans*. Moniliasis of the ano-genital area may be primary and may be accompanied by monilial infection of other areas; the skin is edematous, erythematous and eroded, with a surrounding white, overhanging fringe of epidermis. All individuals with pruritus during pregnancy should have urine and blood tests to rule out the possibility of diabetes. I have observed several cases of pruritus limited to the legs which developed early in pregnancy and disappeared after delivery. This is most probably the result of interference by the enlarged uterus with the return of blood from the lower extremities. The etiology of the other types of non-specific localized and generalized pruritus has not been established. Costello believes they may be on an endocrine or neurogenic basis.

K. *Prurigo gestationis.* This is a pruritic dermatosis, originally described by Besnier, occurring in the later months of pregnancy and disappearing after its termination. It is characterized by the presence of pinhead to lentil-sized papules covered by bloody crusts on the extensor surfaces of the extremities. In severe cases lesions may also be present on the chest, shoulders and scapular regions. Recurrence in successive pregnancies has occurred. Costello¹ states that he had observed this condition in about 2 per cent of the antepartum patients at Misericordia Hospital.

L. *Cutaneous tags.* Brickner²⁵, in 1906, described small, pigmented, sessile or pedunculated growths appearing predominantly on the neck of women in the fourth to sixth month of pregnancy and disappearing spontaneously after delivery. He gave the name of fibroma molluscum gravidarum to these

lesions. Templeton²⁶ later described the same type of tumor in elderly women and concluded that the growths were due to hormonal changes common to pregnancy and the menopause. His histologic studies suggested that they were simple outgrowths or excrescences of epidermis and corium rather than fibromas or neurofibromas. The tumors are of significance only for cosmetic reasons.

M. *Pigmentary changes.* A physiologic hyperpigmentation of normally pigmented areas, such as the areolae of the breasts, genitals, umbilicus, axillae, circumanal area and linea nigra, is usually observed during pregnancy. Occasionally localized patches of hyperpigmentation are observed on the face (chloasma). In all such cases the intensity of pigmentation increases through the period of gestation and following delivery there is a disappearance of pigment, but the pre-pregnancy lighter shade is never reached.

N. *Miscellaneous.* The striae distensae of pregnancy, due to rupturing of elastic fibers in the skin as a result of stretching and increased tension, are well-known phenomena. In certain women one or more pregnancies have been associated with the development of hyperhidrosis, hypertrichiasis, loss of hair or nail changes.

Group II. Dermatoses Altered by Pregnancy

A. *Neurofibromatosis (von Recklinghausen's disease).* During pregnancy there is frequently an increase in size of the tumors as well as increased pigmentation. A patient with this disease whom I have observed had a tumor of the nose which enlarged so markedly during pregnancy that it hung down below her chin; it was necessary to excise the growth for cosmetic reasons.

B. *Psoriasis.* Cases have been reported^{27,28} in which psoriasis cleared up during each pregnancy with recurrence shortly after delivery. However, it is not uncommon for psoriasis to first develop or become exacerbated in pregnancy. In Crawford and Leeper's¹³ series, improvement occurred in half the patients while the other 50 per cent became worse.

C. *Atopic dermatitis.* An exacerbation of this dermatosis is not uncommon during or shortly after pregnancy. In those cases observed by the author the increased emotional stress incident to this state seemed a not unlikely cause of the flare-up.

D. *Lupus erythematosus.* The effect of pregnancy upon lupus erythematosus at times poses a very serious problem. Despite its importance, few references to this matter can be found in the literature. Ormsby and Montgomery²⁹ merely mention that lupus erythematosus may be affected by pregnancy. In reviews of the dermatoses of pregnancy

continued on next page

by Costello¹ and Hollander, and Vogel¹⁰ the subject is not considered. Crawford and Leeper¹³ reported 4 cases of chronic discoid lupus erythematosus and 2 of chronic disseminated lupus erythematosus in pregnancy. Of those with the chronic discoid variety, one went through three pregnancies with no ill effect, one became worse but improved within one month after delivery, while the other two experienced dissemination of the disease with death later resulting. The two patients with the chronic disseminated disease went through several pregnancies without difficulty. Beinhauer³⁰ reported on one woman with subacute disseminated lupus erythematosus who experienced a remission during each of three pregnancies with recurrence following the deliveries, and three patients with the chronic discoid form of whom one had an exacerbation during each of three pregnancies while in the other two the disease remained quiescent during one and two pregnancies respectively. He suggested that pregnancy should be allowed to go uninterrupted in subacute disseminated and chronic discoid lupus erythematosus. Crawford and Leeper expressed the opinion that pregnancy was not a good omen for the subacute and acute disseminated forms. Kanof³¹ recently stated that pregnancy should not be interrupted because of lupus erythematosus. At the present time knowledge concerning the interaction of these two conditions is still meager. Ellis³² has proposed sending out a questionnaire to obtain more information on this subject, a plan which if carried out should prove of considerable value.

E. Cutaneous tuberculosis. This is frequently aggravated during pregnancy.

F. Condyloma acuminatum. According to Costello¹ venereal warts present at the start of pregnancy may gradually increase in size to the point where they may cause difficulty at the time of delivery.

G. Acne vulgaris. The effect of pregnancy upon this condition is not constant. In some women there is improvement during pregnancy, while others experience an exacerbation.

H. Granuloma inguinale. If untreated, this disease tends to progress rapidly during pregnancy as the result of increased vascularity of the parts.

I. Syphilis. Moore³³ has stated: "If a woman acquires syphilis just before, coincident with, or shortly after impregnation, the usual manifestations of early syphilis are often completely suppressed, or, if present, are milder in degree than in non-pregnant women or men. This beneficial effect of pregnancy on syphilis is not limited to the early stages of the infection, but often extends throughout the lifetime of the patient and affords a considerable degree of protection against the late lesions,

especially neurosyphilis." However, Kemp and Menninger³⁴, after reviewing their series of 767 cases, including syphilitic males, non-pregnant syphilitic females and females who had had one or more pregnancies after contracting the disease, concluded that while pregnancy may inhibit the cutaneous manifestations of early syphilis, it is not solely responsible for the lesser incidence of neuro-syphilis in females as compared to males. Thomas³⁵ has recently expressed doubt concerning pregnancy's supposed beneficial effect upon the course of syphilis. During a six year period he saw at least 500 cases of dark-field positive early syphilis in pregnant women, the lesions in no way differing from those in non-pregnant females. It was his opinion that neuro-syphilis is no less frequent in women who have been pregnant than in those who have not. The most significant of his remarks were the following: "The effect of pregnancy on syphilis, however, is of minor importance, and more of academic than of practical interest. The important point is that syphilis can have disastrous effects in pregnancy, even in the absence of clinical manifestations." Since Thomas' investigations have indicated that pregnancy is not responsible for false positive reactions, as was the belief in the past, every pregnant woman with a positive serologic test for syphilis should be considered a candidate for therapy. Although the pregnant female, like the non-pregnant one, is subject to a false positive test as the result of a variety of causes, the safest course, with a relatively innocuous drug such as penicillin available, is to treat even the very questionable case rather than miss one true one.

Summary

The cutaneous changes associated with pregnancy are reviewed. Not only may pregnancy result in alteration of a pre-existent eruption, but it may be responsible for the appearance of new dermatoses ranging in severity from the benign vascular spider to the usually fatal impetigo herpetiformis.

REFERENCES

- ¹Costello, M. J.: Eruptions of Pregnancy, New York State J. Med. 41:849 (April 15) 1941.
- ²Bean W. B., Cogswell R., Dexter, M., and Embick, J. F.: Vascular Changes of the Skin in Pregnancy, Surg. Gyn. & Obst. 88:739 (June) 1949.
- ³Corbett, D.: Cited by Bean et al².
- ⁴Bean, W. B.: Cutaneous Arterial Spider, Medicine 24:243 (Sept.) 1945.
- ⁵Davis, A.: Subcutaneous Haemangio-endothelioma Associated with Pregnancy, J. Obst. & Gynaec. Brit. Emp. 45:667 (Aug.) 1938.
- ⁶Polowe, D.: Splenectomy in Pregnancy Complicated by Thrombocytopenic Purpura Hemorrhagica, J. A. M. A. 124:771 (March 18) 1944.

concluded on page 571

PERFORATED PEPTIC ULCER*

Five Hundred Cases in Retrospect

ANTHONY CORVESE, M.D., WILLIAM P. CORVESE, M.D., and ANGELO D'AGOSTINO, M.D.

The Authors. Anthony Corvese, M.D., Surgeon, Associate Staff, R. I. Hospital; Consultant Surgeon, South County Hospital; Consultant, Gynecological Staff, C. V. Chapin Hospital. William P. Corvese, M.D., and Angelo D'Agostino, M.D., Surgical Interns, Rhode Island Hospital.

Summary and Conclusions

- (1) Five hundred thirty patients diagnosed with acute perforated peptic ulcers have been reviewed.
- (2) Except for influence of season, our charts show no essential difference from other published reports in the relation of mortality to such factors as hours of perforation, age, sex, and site of perforation.
- (3) Non-operative treatment of a few selected patients may achieve gratifying results.
- (4) The 100 per cent mortality rate contraindicates surgery on patients in shock, early or late.
- (5) A chart shows factors we find contributing to the sharp decline in mortality rates since 1941.
- (6) Rhode Island Hospital results compare

favorably with published reports from similar institutions, and in many instances are superior.

(7) The constant sex discrepancy in such factors as incidence, age, site of perforation, mortality, and the opposite reaction of the gastric mucosa to emotional stress implies that causative factors may vary according to sex.

Introduction

THE increasing volume of literature on the subject of peptic ulcer attests to the growing importance of this problem. It is estimated that there are approximately 1,500,000 persons in this country above the age of 30 in whom peptic ulcer will develop during a ten year period, and 10,000 die annually from its complications, i.e. hemorrhage, obstruction and perforation.

This study deals with the most serious complication of peptic ulcer, viz. perforation. The purpose of this review is not to augment the already vast amount of material on this subject, but to analyze a large group in order to bring out certain pertinent facts which have not been adequately dealt with in previous studies.

continued on next page

PERFORATED PEPTIC ULCER

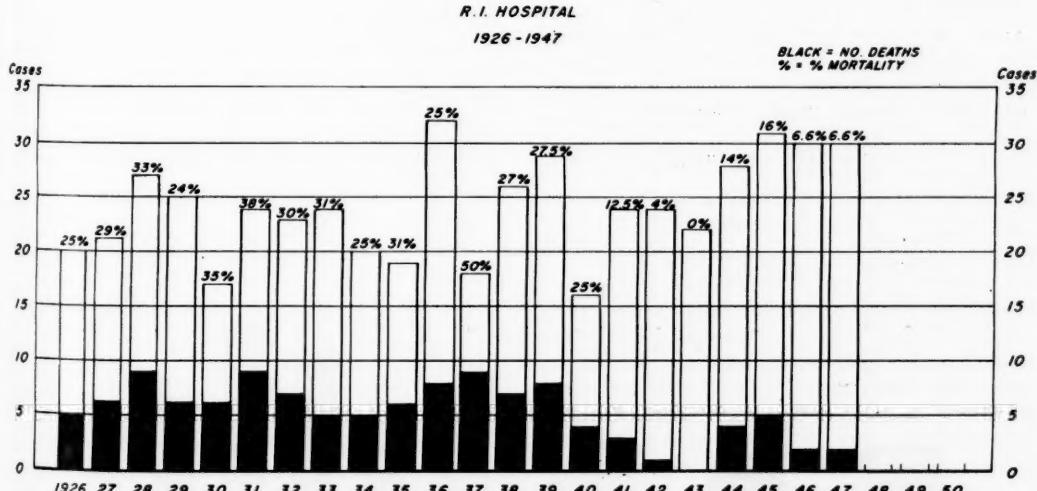


FIGURE 2. ANNUAL INCIDENCE - 1926-1947 - 530 CASES - 117 DEATHS

*From Surgical Service, R. I. Hospital, Providence. Read before the 139th Annual Meeting, Rhode Island Medical Society, at Providence, R. I., May 11, 1950.

Some information regarding the institution from which these cases are reported should be appreciated before examining the material itself. The Rhode Island Hospital is a general hospital of 569 beds with a gross admission rate of 15,702 in 1947. Since most of these patients were emergencies, the greater number of operations were performed by junior members of the staff and, in the last three years, usually by the residents. Many times the operations were performed late at night, and the operators were not committed to any one routine method of treatment. Therefore, each case is, as it should be, treated individually on its own merits. Operative procedures were carried out by 38 different staff members.

As will be seen in the various tables and figures, this group has been divided into three series: Series I, 220 cases, occurring from 1926 to 1935 (which was reported in 1936 before the Rhode Island Medical Society); Series II, 310 cases, occurring from 1936 to 1947; and finally, Series III, combining the previous two groups. Therefore, the 530 cases are consecutive cases admitted to the Rhode Island Hospital during the twenty-two year period (1926-47), in which the diagnosis of acute perforated peptic ulcer was confirmed either at operation or necropsy. It will be noted that in the second series there are more factors reviewed, and the study is more complete. The basic variables to be studied will be culled from the 530 cases, while other factors will be derived from the second series of 310 cases.

Annual Incidence

(Figure 2) The annual admissions over the twenty-two year period show only slight variation. Our figures do not show any appreciable increase during the war years as reported in England. This was probably due to good employment conditions

PERFORATED PEPTIC ULCER

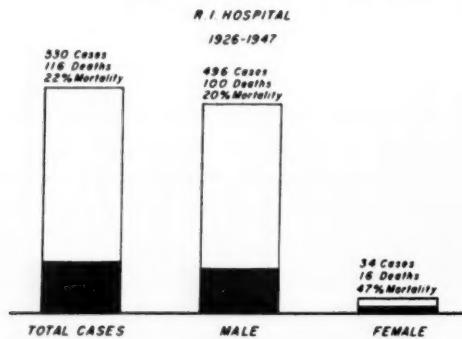


FIGURE 3. SEX INCIDENCE IN 530 CASES

during this period and absence of fear from actual war destruction, thus minimizing mental stress.

Sex Incidence

(Figure 3) One of the most striking features of perforated peptic ulcer is the very low incidence in the female. The discrepancies between the sexes in such factors as age, site and mortality observed in this and other studies would imply that a different causative factor may be at work in the two sexes. While earlier statistics (up to 1915) showed almost an equal number, and in some instances even greater incidence in the female, all reports within the past twenty-five years show a rapid decrease. Our figures bear this out—in the first group (1926-1935) the incidence was 8.6 per cent, while in the second series (1936-1947) it was 4.8 per cent. Why this should be so is the subject of many research projects in such fields as physiology, endocrinology and psychiatry, to mention but a few. Although it is not our intent to elaborate on the cause of this discrepancy in sex incidence, we are impressed by the work of Crider and Walker, who recently reported what appears to be the first opportunity to observe gastric activity in a twenty-one year old negress by means of a gastrotomy. Although the four previous studies in the reaction of gastric mucosa to stimuli, beginning with the famous Alexis St. Martin, were males, this is apparently the first female to be followed in this manner to date. These workers reported that the reaction of the gastric mucosa in this patient was, under similar circumstances, opposite those reported on male subjects: i.e., instead of hyperemia, increased secretion and increased acidity, blanching, diminished secretion, and diminished acidity were recorded. For final proof it will be necessary to repeat the experiment in a white female. This brings up many interesting speculations, such as: Has the female something that protects her from ulcer? Has she a different mode of living? Since her emancipation her mode of living has changed.

PERFORATED PEPTIC ULCER

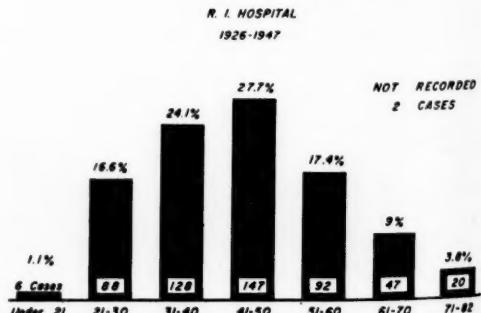


FIGURE 4. INCIDENCE ACCORDING TO AGE 530 CASES

Age Incidence

(Figure 4) Approximately 68 per cent of perforations occurred in patients under 50 years. The youngest was 16 years, the oldest 84 years. Because of the overwhelming incidence of perforations in the post-menopausal female (only one female patient under 43 years), some observers have suggested that estrogenic imbalance may play a part in the development of peptic ulcer. This theory, however, does not offer explanation for the larger incidence of perforated ulcer in younger females in the earlier reports.

Seasonal Incidence

The influence of season on perforation has been stressed by many clinicians and authors; however, although our study showed a slight increase in spring and summer, it is statistically insignificant. The spring, summer, autumn and winter allocations were respectively 29, 28, 20 and 23 per cent, with maximum cases occurring in spring and minimum in the fall, while spring and autumn had highest mortality. DeBakey reported similar results from Charity Hospital, New Orleans. However, one thing stands out, i.e. spring, having only a slight increase in number of cases, had a much higher mortality. The monthly admissions showed May and August to be the highest. That a "young man's fancy turns to thoughts of love in the spring" with its emotional upsets, may play a part in this increase.

Previous Symptoms

(Figure 5) The majority of patients with perforated peptic ulcer will give a history of previous gastro-intestinal disturbances with duration of months to many years. This chart shows the previous symptoms recorded in this study; while some type of disturbance was obtained in about 90 per

PERFORATED PEPTIC ULCER

R. I. HOSPITAL
1926-1947

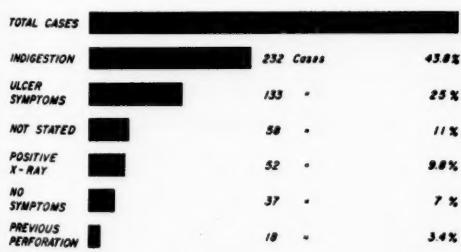


FIGURE 5. INCIDENCE OF PREVIOUS SYMPTOMS IN 530 CASES -- 43.8 per cent of the patients, typical ulcer symptoms were recorded in only 25 per cent. Previous perforation was recorded in 3.4 per cent. Of practical importance is the fact that the absence of previous symptoms was more common in the older group and in the very young.

Presence of Pneumoperitoneum

(Figure 6) This chart shows the result in 161 patients who were X-rayed for the demonstration of air under the diaphragm. The presence of air under the diaphragm in perforation is given all the way from 50 to 85 per cent. Many of the failures in demonstrating air are due to poor technique. It is important in making out the X-ray requisition to state what you are looking for, rather than merely request a flat film of the abdomen. Most good X-ray technicians know the proper technique. Our figures show 73.3 per cent positive and a corrected positive in 83.3 per cent. It is our opinion that if a proper

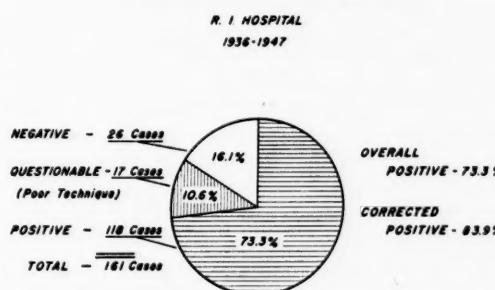
PERFORATED PEPTIC ULCER

FIGURE 6. INCIDENCE OF PNEUMOPERITONEUM - 161 CASES

X-ray requisition is made out, a good technician will demonstrate air under the diaphragm in almost 90 per cent of the cases. We wish to emphasize that all patients with an abdominal catastrophe should have a flat X-ray film of abdomen on their way to the ward. We believe that the demonstration by X-ray of air under the diaphragm in an acute surgical abdomen, in a male patient, means a ruptured viscus, and in the absence of abdominal trauma, perforated peptic ulcer will be found to be the cause in almost 100 per cent. Of the 118 cases showing air, 40 were bilateral and 78 unilateral. Of the cases showing bilateral air, the perforation was more likely to be gastric than duodenal.

Diagnosis

The diagnosis of acute perforated peptic ulcer presents no problem in about 90 per cent of the cases. The classic and dramatic picture of sudden, severe epigastric pain, with or without vomiting, and soon followed by a tense and board-like abdomen, is well known to all medical students. The history of previous gastro-intestinal disturbance is a valuable aid in making a correct diagnosis. As stated above, 90 per cent of the patients in this group gave a history of previous gastro-intestinal disturbance.

continued on next page

Physical examination of the abdomen reveals true boardlike rectus rigidity with the point of maximum tenderness in the mid-epigastrum; obliteration of liver dullness is noted in approximately 70 per cent of the cases when the perforation is on the anterior surface of the duodenum or stomach.

Undoubtedly, one of the most valuable signs in perforation is X-ray demonstration of air under the diaphragm. Although the absence of air in a surgical abdomen does not exclude perforation, the presence of air in a patient suspected of having a perforated ulcer may be considered for all practical purposes a pathognomonic sign. Confusion in correct diagnosis is noted during alcoholic sprees or in patients suspected of having heart or gall bladder disease. Here the diagnosis has often been missed or discovered too late for good operative results. It is interesting to note that in five cases in which a diagnosis of myocardial infarction was made as confirmed by apparently consistent electro-cardiographic changes, there were no signs of myocardial damage to be found in any of the cases at autopsy.

Patients seen late with peritonitis also present difficulties in diagnosis, especially if they have not had an X-ray of the abdomen or, having had it, no free air has been demonstrated. The diagnosis usually made in these cases is intestinal obstruction with general peritonitis. In the early cases the most common error in diagnosis is acute appendicitis in the male, and acute cholecystitis in the female. This confusion with appendicitis arises because of localized and rebound tenderness over McBurney's point. This is due to peritonitis from a fluid collection in the right lower quadrant. This confusion may be avoided if it is remembered that appendicitis rarely presents tenderness in the epigastric region, while in perforation tenderness and moderate rigidity over the right lower quadrant is frequently encountered. In two cases in which the pre-operative diagnosis was acute appendicitis, X-ray of the abdomen showed air under the diaphragm, but the films had not been viewed before the operation.

Another type of case in which the diagnosis may be confusing is the atypical early case known as the "formes frustes", or the "dry" type of the English surgeons. In this type nature quickly seals the small perforation following the acute attack, and unless the patient is seen soon after the initial attack the usual abdominal symptoms are absent. These patients if treated intelligently require no operation for the perforation. We had six patients falling into this group; three were not operated upon, two underwent surgery but nature had done such a perfect job that the sealed-off area was not disturbed. In the other, the protective adhesions were broken up and the perforation sutured. The sixth case refused operation.

In the second series of 310 cases, acute appendicitis was the pre-operative diagnosis in 5 (1.6 per cent), acute cholecystitis 3 (1 per cent), coronary thrombosis 5 (1.6 per cent), ectopic pregnancy 1 (.3 per cent), incarcerated hernia 1 (.3 per cent), acute urinary retention 2 (.6 per cent), acute ileitis 1 (.3 per cent). The other 12 incorrect diagnoses included such illnesses as acute pancreatitis, mesenteric thrombosis, and intestinal obstruction.

When dealing with the acute surgical abdomen a correct diagnosis is always desirable, but perhaps not as important as the proper treatment of the emergency. We are all aware, all things being equal, that operation with negative findings does less harm than delay in trying to make a correct diagnosis. All cases in which an incorrect diagnosis was made, but indications for operation were present, made uneventful recoveries.

Site of Perforation

(Figure 7) The majority of perforations occurred in the first portion of the duodenum (66.6 per cent). At the time of operation because of edema, it may be difficult to be certain whether the perforation is proximal or distal to the pyloric

PERFORATED PEPTIC ULCER

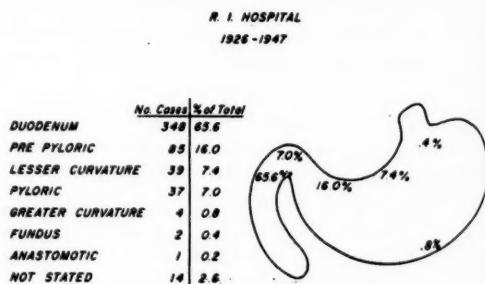


FIGURE 7. ACTUAL SITE OF PERFORATION IN 330 CASES

ring. However, in 33 deaths with autopsy there was good correlation between the exact site of perforation and site determined at operation. Figure 7 also

PERFORATED PEPTIC ULCER

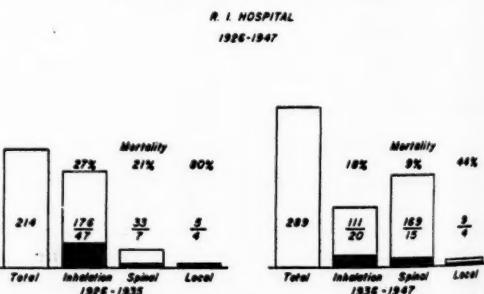


FIGURE 8. ANESTHESIA IN 303 CASES

shows the so-called ulcer bearing area, where 96 per cent of the perforations took place. This area includes the first portion of the duodenum and the lesser curvature of the pyloric portion of the stomach.

Anesthesia

The type of anesthesia employed is shown in Figure 8. In the first series general anesthesia was employed in the majority of cases, while in the second series spinal anesthesia was the anesthesia of choice. It will be noted that the mortality in general anesthesia in the second group was twice as high as with spinal. However, this does not mean that spinal anesthesia is twice as safe as inhalation anesthesia. The records show that one surgeon who used inhalation anesthesia in all his operations had no deaths. The choice anesthesia is the anesthesia best suited for the individual patient.

Multiple Perforations

Multiple perforations in gastro-duodenal ulcerations occur relatively rarely. No multiple perforation was recorded in this study, while the incidence of multiple ulcers in 52 autopsies was recorded 13

times (25 per cent). Many writers reported results similar to ours, while others reported .8 to 1 per cent multiple perforations. The incidence of multiple ulcers is given as 25 per cent in duodenal and 5 per cent in gastric.

Treatment

Once the diagnosis of perforated ulcer is made, immediate operation, with due regard to the patient's overall general condition, is still the treatment of choice. However, as already stated, in the so-called "formes frustes" type, operation is not imperative, and in late cases that are progressing satisfactorily operation may be delayed or avoided. Recently, a number of reports have appeared advocating non-operative treatment in selected cases with excellent results. Figure 9 shows the actual operative procedures carried out in 530 patients in both series. In the second series there were four early cases treated conservatively, with recovery in all four; in three of the cases it was the method of choice, while in the fourth the patient refused operation; all the other non-operative cases were late and all died. Simple closure with omental patching is considered the operation of choice by most surgeons

continued on next page

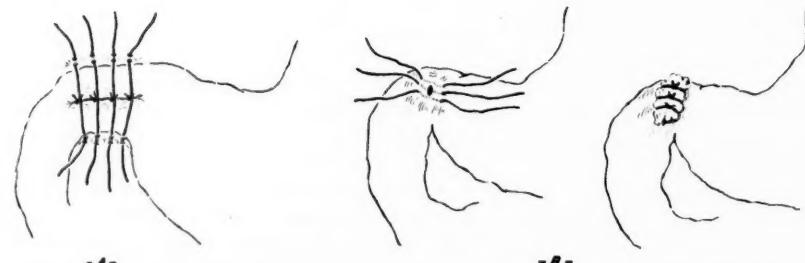
PERFORATED PEPTIC ULCER

R. I. HOSPITAL
1926-1947

| PRIMARY OPERATIVE PROCEDURES | 1926-1935 | | 1936-1947 | | TOTALS | | |
|---|------------|-----------|------------|-----------|------------|------------|-----------|
| | Cases | Deaths | Cases | Deaths | Cases | Deaths | % Mort. |
| <i>Simple Closure</i> | 180 | 41 | 236 | 32 | 416 | 73 | 17.5 |
| <i>Partial Closure</i> | 5 | 1 | 3 | 1 | 8 | 2 | 25 |
| <i>Omental Patching</i> | - | - | 6 | 0 | 6 | 0 | 0 |
| <i>Closure Plus Excision Ulcer</i> | 6 | 4 | 11 | 0 | 17 | 4 | 23.5 |
| <i>Closure Plus Appendectomy</i> | - | - | 8 | 1 | 8 | 1 | 12.5 |
| <i>Closure Plus Gastro-Enterostomy</i> | 8 | 1 | 3 | 1 | 11 | 2 | 18.2 |
| <i>Closure Plus Cholecystectomy</i> | - | - | 2 | 0 | 2 | 0 | 0 |
| <i>Closure Plus Late Gastrectomy</i> | - | - | 3 | 0 | 3 | 0 | 0 |
| <i>Closure Plus Ophorectomy</i> | - | - | 1 | 0 | 1 | 0 | 0 |
| | | | | | | | |
| <i>Excision Ulcer With Pyloroplasty</i> | 2 | 1 | 2 | 0 | 4 | 1 | 25 |
| <i>Excision Ulcer Plus Gastro-Enterostomy</i> | - | - | 1 | 0 | 1 | 0 | 0 |
| <i>Gastrectomy Primary</i> | 1 | 0 | 2 | 1 | 3 | 1 | 33.3 |
| <i>Gastro-Enterostomy Late</i> | - | - | 1 | 0 | 1 | 0 | 0 |
| <i>Laparotomy With Drainage</i> | 10 | 9 | 6 | 2 | 16 | 11 | 68.7 |
| <i>Celiotomy</i> | - | - | 1 | 0 | 1 | 0 | 0 |
| <i>Drainage of Pelvic Abscess</i> | - | - | 1 | 0 | 1 | 0 | 0 |
| <i>Drainage of Sub-Phrenic Abscess</i> | 1 | 0 | 3 | 0 | 4 | 0 | 0 |
| <i>Drainage of Sub-Hepatic Abscess</i> | - | - | 1 | 0 | 1 | 0 | 0 |
| <i>Colostomy</i> | 1 | 1 | - | - | 1 | 1 | 100 |
| <i>No Operation</i> | 6 | 6 | 19 | 15 | 25 | 21 | 84 |
| | | | | | | | |
| TOTAL | 220 | 64 | 310 | 53 | 530 | 117 | 22 |

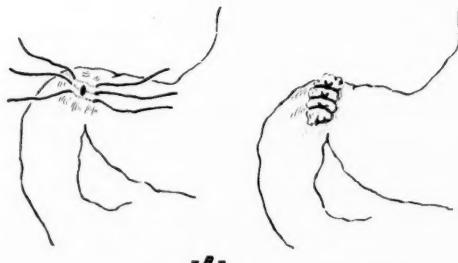
FIGURE 9. OPERATIVE PROCEDURES IN 530 CASES

PERFORATED PEPTIC ULCER



**MODE OF CLOSURE OF DUODENAL ULCER,
WHETHER PERFORATING OR NOT. THE
ULCER IS INFOLDED AND THE GASTRO-
HEPATIC AND GASTROCOLIC OMENTA
ARE SUTURED OR LIGATURED TOGETHER
OVER THE INTESTINE.**

Moynihan in "Abdominal Operations"



**THREE INTERRUPTED
CATGUT SUTURES
PLACED BUT NOT
TIED.**

**SUTURES TIED OVER
FREE OMENTAL
GRAFT.**

Roscoe Graham in "American Journal of Surgery," Dec.'46

FIGURE 10. -A- MODE OF CLOSURE

in this country and in England. Figure 10-A illustrates the usual mode of closing the perforation, by infolding the ulcer and suturing the gastro-hepatic and gastro-colic omenta over it, while Figure 10-B shows the simpler method of placing a graft of omentum over the perforation and sutures tied over the graft. This simulates more closely nature's method of sealing the perforation.

The essentials of non-operative treatment are, gastric suction with a Levin tube, use of intravenous fluids and the use of antibiotics.

Post Operative Complications

It will be noted that the complications are the usual ones following abdominal surgery: pulmonary disturbances, peritonitis, and localized collections of pus were most frequent. One interesting feature in this whole study was the very low incidence of thrombo-phlebitic complications. In the early group there were two cases of pulmonary embolism and one of thrombo-phlebitis, while in the second group only one case of thrombo-phlebitis with recovery was reported. There were no femoral vein ligations recorded. The fact that over two-thirds of the patients were under 51 years of age may have some bearing on this.

Prognosis

The mortality in acute perforated peptic ulcer depends on a number of factors, some controllable

-B- REPAIR OF PERFORATION WITH OMENTAL GRAFT

and others uncontrollable by the surgeon. The uncontrollable factors are age, sex, site of perforation, and the duration of perforation; the relation of these factors to mortality will be shown in the different charts.

The annual mortality incidence for the twenty-two year period is shown in Figure 11. It will be noted that with few exceptions there was slight variation up to 1940; from 1941 a marked decrease in mortality took place and has continued since then. In our opinion the factors which have influenced this reduction in mortality since 1941 are: (1) intelligent application of methods to correct disturbed physiology, (2) improvements in anesthesia, (3) simplest technique in closing the perforation, (4) the use of antibiotics, (5) non-operative procedures on patients in shock.

Relation of Mortality to Hours of Perforation

It is common knowledge that the most important factor in the prognosis is the time relation between perforation and surgery. Figure 12 shows, other things being equal, the mortality increases in an almost arithmetic progression (with the exception of the 18 hour group), i.e., the prognosis is twice as good if surgery is performed within the first twenty-four hours; likewise, recovery is twice as certain if surgery is performed within the first thirteen hours.

PERFORATED PEPTIC ULCER

R. I. HOSPITAL

1926-1947

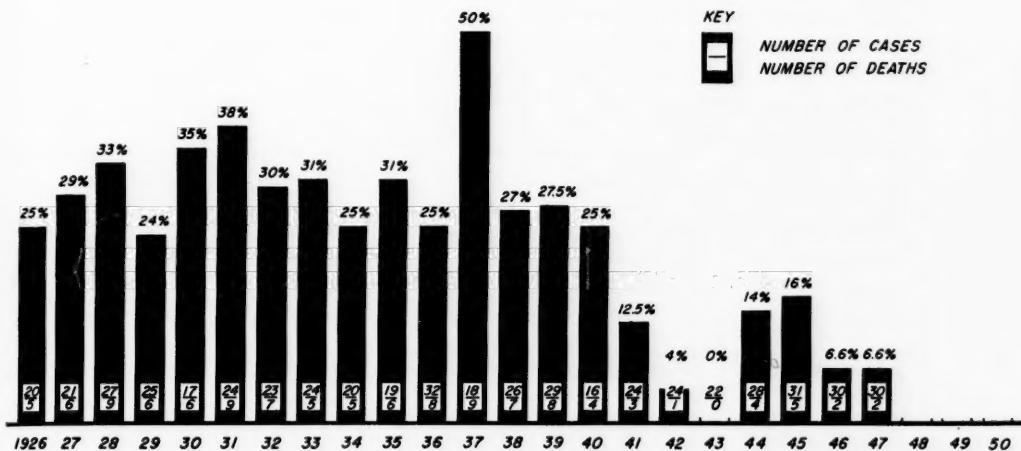


FIGURE 11. ANNUAL MORTALITY INCIDENCE - PERIOD 1926-1947 530 CASES - 117 DEATHS

The significance of the age factor in the prognosis is a well-known fact. In the 310 patients of the second series, the mortality rate was around 2 per cent in the second and third decades, and 11, 17 and 16 per cent respectively in the fourth, fifth and sixth decades, while in the seventh decade the mortality was doubled (31 per cent) and the eighth decade, 60 per cent.

It has been generally recognized that the sex factor is also significant in the prognosis of perforated ulcer. Our figures show, as in other published reports, that mortality in the female is twice as high as in the male, while the incidence of perforation is much greater in the male. Although no satisfactory explanation for this fact has been

offered, two factors in this study may be significant, i.e., the greater incidence of gastric ulcers and the larger number of older patients in the female group.

Figure 13 shows that the site of perforation is also a factor in the prognosis. While some observers have reported a higher mortality in duodenal ulcers, the majority of authors have reported figures similar to ours, viz., the mortality in gastric perforations is at least ten per cent higher.

PERFORATED PEPTIC ULCER

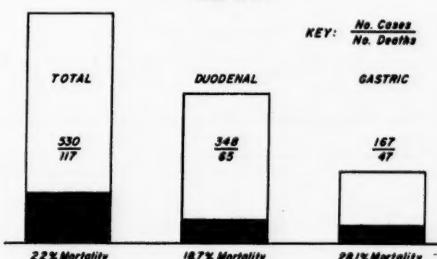
R. I. HOSPITAL
1926-1947KEY: $\frac{\text{No. Cases}}{\text{No. Deaths}}$ 

FIGURE 13. RELATION OF SITE TO MORTALITY

Comparative mortality rate in selected published series is shown in Figure 14. It is noted that the low mortality in the last five years at the Rhode Island Hospital is surpassed only by Baritel; however, his patients were all males and the operations were performed by two surgeons in a private hospital.

continued on next page

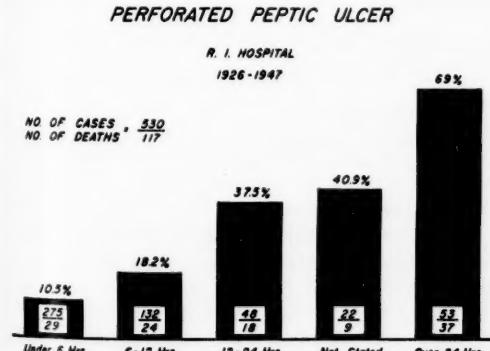


FIGURE 12. RELATION OF MORTALITY TO DURATION OF PERFORATION

PERFORATED PEPTIC ULCER

| AUTHOR | SOURCE | Period of Study | No. of Cases | Total Mortality | Operative Mortality |
|-----------------------|---|-----------------|--------------|-----------------|---------------------|
| Baritell | Permanente Foundations Hospitals | 1943-46 | 88 | 1.1% | 1.1% |
| Black & Blackford | Mayo Clinic | 1935-45 | 96 | 12.0 | 8.6 |
| De Bakey | Collected Series | 1940 | 16,752 | 25.2 | 23.4 |
| De Bakey | Charity Hospital | 1940 | 211 | 18.9 | 18.2 |
| Graham | Toronto General Hospital | 1929-45 | 125 | 10.0 | 6.4 |
| Kingsbury & Schilling | Roosevelt Hospital, N.Y.C. | 1930-42 | 224 | 13.4 | 12.6 |
| McCabe & Mersheimer | Metropolitan Hospital, N.Y.C. | 1930-41 | 87 | 25.2 | 25.2 |
| Moore & Hendricks | Belleview Hospital, N.Y.C. | 1928-45 | 101 | 18.0 | 18.0 |
| Olsen & Norgore | King County Hospital, Seattle, Wash. | 1938-44 | 166 | 27.7 | 21.0 |
| Shipley & Walker | University Hospital, Baltimore | 1935-46 | 200 | 26.0 | 20.0 |
| Corvese | R. I. Hospital | 1926-47 | 530 | 29.1 | 18.0 |
| Corvese | R. I. Hospital | 1936-47 | 310 | 17.0 | 13.0 |
| Corvese | R. I. Hospital | 1943-47 | 141 | 9.2 | 5.1 |
| Illingworth | Various Hospitals in the West of Scotland | 1924-43 | 7,156 | 19.5 | Not Stated |
| Sandberg | Surg. Clinic & Garrison Ward of Karolinska Sjukhuset, Sweden | 1940-44 | 110 | 10.9 | 9.5 |
| Taylor (Non-Op) | King George Hospital, England | 1946 | 28 | 14.0 | |
| Trinca | Melbourne Hospital, Australia | 1920-46 | 568 | 15.4 | 15.4 |
| Yudin | Central Emergency Hospital, Moscow | 1933-34 | 426 | 14.0 | 12.8 |

FIGURE 14. COMPARATIVE MORTALITY RATES IN SELECTED PUBLISHED STATISTICS

We wish to thank Dr. W. P. Davis, former surgical chief, and Dr. J. Murray Beardsley, present surgical chief, for their cooperation; the personnel of the record room for their patient willingness to get the records; Miss Doris Johnson, the librarian; Mr. George Mancini, for making the slides; and Mr. Warren Luther, who made the charts.

DOCTOR'S OFFICE

AVAILABLE

Three Rooms Fully Equipped
Office, Waiting Room, and Operating
Room

1874 Broad Street, Edgewood

For Additional Information Call WI 1-2522

FOR SALE

Cambridge Electrocardiograph, accurate string Galvanometer in excellent condition, recently checked and serviced. Vintage of 1934. A good office machine—heavy for outside work. \$150.00. Call Miss MacFarlane at PL 1-2440.

LIBRARY CLOSED SATURDAYS

With the approval of the Council the Board of Trustees announces the closing of the Medical Library on Saturdays throughout the year. This decision was reached after a study of the use of the building on Saturday mornings when it has been open from 9 a.m. until noon. The expense of opening and heating the building for this three hour period does not justify the continuance of the practice.

Medical Library hours effective October 1, 1950 will be as follows:

DAY HOURS

MONDAY through FRIDAY (holidays excepted) 9 a.m. until 5 p.m.

EVENING HOURS

TUESDAY, WEDNESDAY, and THURSDAY (Holidays excepted) 7 p.m. until 10 p.m.

BOARD OF TRUSTEES

Rhode Island Medical Society Building

The RHODE ISLAND MEDICAL JOURNAL

*Owned and Published Monthly by the Rhode Island Medical Society,
106 Francis Street, Providence, Rhode Island*

EDITORIAL BOARD

PETER PINEO CHASE, M.D., *Editor-in-Chief*, 122 Waterman Street, Providence

JOHN E. FARRELL, *Managing Editor*, 106 Francis Street, Providence

CHARLES J. ASHWORTH, M.D.*

ISAAC GERBER, M.D.

ALEX M. BURGESS, M.D.

PETER F. HARRINGTON, M.D.

JOHN E. DONLEY, M.D.*

ERNEST K. LANDSTEINER, M.D.

IRVING A. BECK, M.D.*

CLIFTON B. LEECH, M.D.*

CHARLES L. FARRELL, M.D.*

HENRY E. UTTER, M.D.*

MARSHALL FULTON, M.D.

DAVID G. WRIGHT, M.D.

COMMITTEE ON PUBLICATION

(*Members in addition to those marked above with asterisk**)

JOHN A. DILLON, M.D., *of Providence*

PETER C. ERINAKES, M.D., *of West Warwick*

HAROLD G. CALDER, M.D., *of Providence*

FRANCIS VOSE, M.D., *of Woonsocket*

DEFENSE

OF COURSE we must all be ready now for defense measures at home. The days are gone when the ablest young men went out to fight, and the old folks, women and children remained behind in relative security. War is frankly philosophical now, and the enemy is going to attack the civilian population if he can. He now possesses the means to come great distances for this purpose, so we must expect this and make preparations in advance.

It is safe to say that if we ever are put to the test, the problems will be altogether different from any dealt with before in this country. In the last war the Hartford Hospital took measures to deal with a catastrophe. They thought that one of their great manufacturing plants might be bombed. This didn't happen, but the circus fire was of somewhat commensurate gravity. The hospital was ready, responded efficiently and did an excellent job.

We have seen the program that the Rhode Island Hospital has developed to meet a similar situation in this war. This is excellent as far as it goes. We can hardly expect though that the enemy will come thousands of miles to drop a block buster even on our most important industrial plant.

If an atom bomb or some more hideously destructive weapon of warfare lands upon Hartford or Providence, the local hospitals in the immediate vicinity will have no problems. Everything human in that vicinity will cease to exist. The population a little farther away, badly injured but still alive,

will have to be succored by relief parties from other medical centers.

We will now be on the firing line; martial law will have to be in effect, and orders will have to come from headquarters. Warfare is the very apotheosis of socialism and bureaucracy. Individual human rights are of the minutest importance. We will have to recognize this and act only as parts of the all-powerful state.

The Governor of Rhode Island has appointed a Civilian Defense Committee. These able and influential men will plan to the best of their powers for our little state, but they will expect to cooperate with the other states as part of a vast plan headed by the federal government. It is fitting that each city and town consider these matters but always with the understanding that they are yet another step down.

The meek medical profession will find it easy to accept their place on still a lower level. In the first world war a group of doctors and nurses were organized and left at short notice for stricken Halifax. If any community is blasted in this war, we must have our supplies and personnel ready for just as prompt action.

It would be presumptuous for us to discuss details of any projected program. Presumably the enemy will direct any attack to the dense centers of population. Here is where our hospitals are, and here are stored our most vital supplies.

continued on next page

There undoubtedly are, here and there in the country, large buildings or collections of buildings that could be improvised into hospitals. One of the larger hospitals of Munich had been partially destroyed in the last war. In what was left they did the surgery which required prompt action and all that could be handled in a slower manner was sent to a hospital in the country. Such matters should be considered in advance and be ready on paper at least. It would seem that hospital and medical supplies should also be in numerous widely separated storehouses. The old adage about having all one's eggs in a single basket is peculiarly applicable when

bad boys are tipping over baskets.

We do not know whether there are any worthwhile precautions that can be taken by the civilian population to minimize the effects of atom bombers. At the December meeting of the Rhode Island Medical Society to be held in Woonsocket, two speakers who have studied this subject will give information and advice that they have. Presumably we may expect some directives soon from the central government. Until that time, we must keep our equanimity. We undoubtedly will be found ready and willing to do our part to the best of our understanding.

TWO DELEGATES NEEDED

THIE adoption by our House of Delegates last month of a resolution requesting the House of Delegates of the American Medical Association to amend its by-laws to permit each state and territory to have at least two delegates should be given favorable consideration at the Cleveland meeting in December.

Twenty state and territorial medical associations, including Rhode Island, are now permitted but one delegate. Apportionment is based on active membership of the state association, with one delegate permitted for each 1,000 active members or fraction thereof. The twenty states with memberships within these limits are faced with the same problems of the major states, whether the issue is national, regional, or local. But the task of keeping abreast of the transactions at the annual and semi-annual meetings of the AMA House of Delegates is an impossible task for a single delegate.

The many resolutions poured into the legislative body have in too many instances a direct bearing on local problems, but no one delegate can attend the many reference meetings, which conflict in their meeting times, to express local views or to become thoroughly familiar with the pros and cons which result in the final amended resolution brought back into the legislative body and upon which he must

vote intelligently and in the best interests of his own association.

Proposed changes, particularly to by-laws, always evoke opposition, and we anticipate that some of the larger state associations who may be jealous of the superior voting power resting with their representation may resent the increase in the delegation to the twenty states and territories concerned directly by this resolution. But political effects should be ruled out of the resolution we are to submit. Today the American Medical Association needs the strongest possible support from its component units. No longer is AMA membership a gift. If the membership in the smaller states is to secure the full advantages that should accrue to them by a larger delegation in the House, that representation should be granted.

Certainly the organized state medical association, however small in membership, has more at stake in the transactions of the AMA House of Delegates than any of the 17 specialty groups that are primarily concerned with their own field. Yet each of these specialty groups is entitled to the same representation as twenty states and territories!

The AMA House of Delegates can resolve this issue favorably at its December session in Cleveland by a two-thirds affirmative vote of the House membership. We sincerely hope it will.

1950 DIABETES DETECTION DRIVE

DIABETES DETECTION WEEK this year has been set for November 12-18.

Every Fellow of the Society has been alerted to this program by communications from the Committee on Diabetes. This campaign is a voluntary one, and it promises to become one of the outstanding examples of preventive medicine in which the profession and the public can cooperate at minimum expense.

Last year, through the planned and concerted effort of many individuals and agencies, more than 7,000 urine samples were tested, free of charge, by physicians, hospitals, health departments, and private laboratories. This public response to the first campaign which was launched with limited publicity is indication of the general interest that can be aroused in any sound program whose objective is to improve the health of the public.

This year the campaign will be supported by wider publicity and by a public awakened to the significance of the program. As a result every physician should take far more than a casual co-operative interest in the task of educating his patients to the importance of urine tests. He should also accept willingly the request of the committee to make this a public relations program of far

reaching effect.

As we have noted before in these columns, "the discovery of the disease in its early stages will definitely mean the possibility of a longer and happier life for the individual concerned, as well as the avoidance of those complications that occur when diabetes is allowed to reach a serious stage before treatment is instituted."

COMMITTEE ON RESCUE

ELSEWHERE in this issue (see page 542) is a description and explanation of the objectives of the committee on rescue of the Governor's Fire Prevention Conference. Every physician should read this brief article. More important, every physician should become familiar with the Rescue badge illustrated in connection with the report.

At the annual meeting of the Society last May the rescue division of the fire department demonstrated its truck in front of the Library building, and a year ago the Providence unit put on a remarkable demonstration at one of the meetings of the Providence Medical Association.

These specialized rescue units are available on call by any physician. The trained men manning the rescue equipment are prepared for practically

any emergency from hoisting a highway wreck to providing oxygen therapy. They are instructed to work with and under medical supervision, and they will respond to a home emergency as quickly as they will to a highway disaster.

Every physician in the state should make it a point to become familiar with the rescue facilities in his local area, for the program is a statewide one, and fire department units have been trained in every locality. These units will welcome local medical advice. They will be prepared to serve the physician when needed.

Recognize the wearer of the Rescue Badge as a trained technician upon whom you can rely in an emergency.



New York DAILY NEWS

Wednesday, September 13, 1950

Tel. MURRAY Hill 2-1234

GEORGE KICKS KARL IN TEETH

George Bernard Shaw, 94-year-old dramatist, trips over some pebbles in his British back yard, breaks a thighbone, and is shipped to a nearby hospital for an operation.

The old rooster has been a Socialist since the Later Bronze Age or thereabout. Socialist medicine is now in full blast throughout Great Britain. All ordinary medical services are "free," meaning paid for out of taxes, so you get the pleasant illusion that it's costing you nothing when you accept such aid.

Does Shaw go in for Socialist medicine in this case? He does not. He's one of the rotten rich whom he has always professionally denounced, and stingier with his dough than almost any other living wealthy person. Nevertheless, he kicks old Karl Marx, founder of Socialism, in the teeth. Shaw demands a private room at \$6.08 a day, for which he will have to pay out of his own fishhooked pocket, and specialist services, for which he will also have to pay.

When top-drawer Socialists like Shaw, Attlee and Bevin can't take their own brand of Socialist medicine, just how good or how desirable for anybody is that medicine?



**THE JOHN F. KENNEY MEMORIAL CLINIC DAY
of
THE MEMORIAL HOSPITAL INTERNS' ALUMNI ASSOCIATION
at
THE MEMORIAL HOSPITAL
Pawtucket, Rhode Island
on
WEDNESDAY, NOVEMBER 1, 1950
LOCATION: Auditorium, Brewster Street**

MORNING SESSION (10:00 A.M. to 12:30 P.M.)

G. RAYMOND FOX, M.D., *Chairman*

- 10:00 to 10:20 "NERVE BLOCK — DIAGNOSTIC AND THERAPEUTIC" Edward Damarjian, M.D.
10:25 to 10:45 "SOME MEDICAL ASPECTS OF OPHTHALMOLOGY" Raymond F. Hacking, M.D.
10:50 to 11:10 "ANTICOAGULANT THERAPY IN THROMBO-EMBOLIC DISEASE" Jacob Greenstein, M.D.
Henry E. Turner, M.D.
11:15 to 11:35 "COMPLICATIONS OF GASTRIC OPERATIONS" Orland F. Smith, M.D.
11:40 to 12:00 "CONSERVATIVE MANAGEMENT OF LOWER NEPHRON NEPHROSIS" Ernest K. Landsteiner, M.D.
12:05 to 12:25 "HYPERTROPHIC PYLORIC STENOSIS"
(Illustrated by Motion Picture) Earl F. Kelly, M.D.
William P. Davis, M.D.
12:30 to 1:55 BUFFET LUNCHEON

AFTERNOON SESSION (2:00 to 5:30)

- INTRODUCTORY REMARKS: Mihran A. Chapian, M.D., President,
The Interns' Alumni Association
- GREETINGS: The Honorable John O. Pastore, Governor of Rhode Island
Mr. Kenneth D. MacColl, President, The Memorial Hospital
- "LESIONS OF THE STOMACH AND DUODENUM"
Frank H. Lahey, M.D., Director of The Lahey Clinic; Former President of the American
Medical Association
- "LESIONS OF THE ESOPHAGUS AND THEIR SURGICAL MANAGEMENT"
Herbert D. Adams, M.D., Department of General Surgery, The Lahey Clinic
- "KIDNEY TUMORS"
Vernon S. Dick, M.D., Department of Urology, The Lahey Clinic
- "DISEASES OF THE SPLEEN"
John W. Norcross, M.D., Department of Internal Medicine, The Lahey Clinic

BANTHINE*

BROMIDE

BRAND OF METHANTHELINE BROMIDE

Treatment individualized
to patient.

One or two tablets (50
or 100 mg.) every six
hours, around the clock, in
peptic ulcer management.



THE NEUROGENIC APPROACH— A MAJOR ADVANCE IN ULCER THERAPY

BANTHINE is not an alkali. It is a true anticholinergic drug which, through its inhibition of excess vagal stimulation, controls hypermotility consistently, reduces hyperacidity in most instances and relieves ulcer pain promptly.

The clinical success of BANTHINE has been demonstrated by roentgenographic and gastroscopic evidence of healing as well as by laboratory and symptomatic evidence of improvement.

*Trademark of G. D. Searle & Co., Chicago 80, Illinois

SEARLE

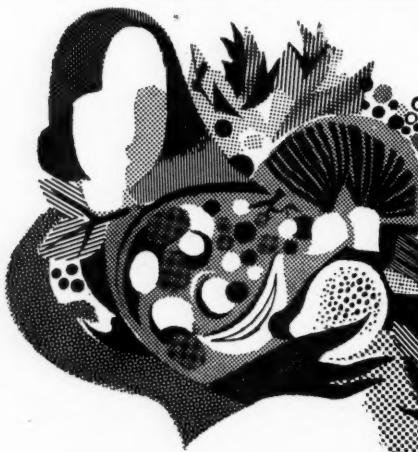
RESEARCH IN THE SERVICE OF MEDICINE

Multiple Vitamin Deficiencies

"... Deficiency diseases clinically evident are usually associated with additional tissue deficiencies of nutrients not yet clinically manifest." (Jolliffe, Tisdall & Cannon: Clinical Nutrition, New York, Hoeber, 1950, p. 633-634.)

THE RAGRAN

THERAPEUTIC FORMULA VITAMIN CAPSULES SQUIBB



—supplies all of the vitamins indicated in mixed vitamin therapy in the clinically proved, truly therapeutic "practical formula" * recommended by Jolliffe.

Each Theragran Capsule gives your patient:

| | |
|------------------------------|---------------------|
| Vitamin A | 25,000 U.S.P. units |
| Vitamin D | 1,000 U.S.P. units |
| Thiamine hydrochloride | 10 mg. |
| Riboflavin | 5 mg. |
| Niacinamide | 150 mg. |
| Ascorbic acid | 150 mg. |

Bottles of 30, 100, and 1000

* Thiamine content raised to 10 mg.

for true vitamin therapy . . .
specify **THERAGRAN®**

SQUIBB

RHODE ISLAND COMMITTEE ON RESCUE

— *Description and Objectives of the Committee on Rescue of the Governor's Fire Prevention Conference —*

AABOUT three years ago the Rhode Island State Fire Marshal, who at that time was Colonel E. Ralph Bonat, recognized the need for a group of trained men who were willing and ready to respond in cases of varied disasters and accidents. Colonel Bonat called ex-Fire Chief Charles Quinn to head up the Committee on Rescue. This was an excellent selection as Mr. Quinn has had a wide practical background not only in actual rescue work, but also in the field of fire-fighting and fire prevention.

Since the Fire Department is generally well equipped with necessary apparatus for rescue and is manned by personnel interested in the safety and welfare of a community, Chairman Quinn has directed his educational efforts in their behalf. Consequently, meetings have been held at the Rhode Island College of Education at which time specialists on refrigeration, elevators, electricity, First Aid, Oxygen Therapy and numerous other topics that would inform the fireman of the extent and limitations of his job have been presented. State-wide attendance has been evidenced at the meetings which conclusively proves a wholesome interest designed to aid and assist persons in distress.

Lt. Leslie O'Brien, Deputy State Fire Marshal, Lt. Charles Potter of the Providence Fire Department Rescue Squad, and Carl V. Slader of the Providence Chapter, American Red Cross, have aided Chairman Quinn in the formation and execution of the following objectives:

1. Because of specialized training, qualifications and planned coordination, a rescue squad will be better able to and more efficiently serve their community and co-operate with doctors and agencies in time of need.

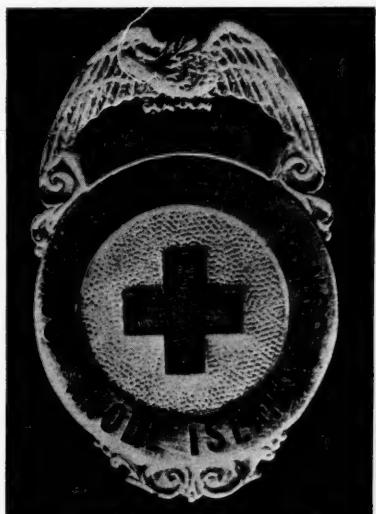
2. At the scene of disaster, accident or emergency, state and local police and the medical profession will recognize units or members of units who can present a current Red Cross *Advanced* certificate, wear an approved emblem indicating proper training, or exhibit a badge of identification (see cut).

3. In order to meet this efficient participation objective, *free* courses in Red Cross Standard and Advanced First Aid and all phases of rescue work will be offered by well-known and well-qualified instructors. Certificates will be issued upon satisfactory completion of such a course.

4. The Red Cross will provide instructors for an 18-hour Standard and a 12-hour Advanced First Aid course and offer refresher courses to previously trained men. An Advanced Refresher course is now only eight hours in length and can be conducted over a period of three years.

The Committee owes a debt of gratitude to Drs. George W. Waterman, Frank W. Dimmitt, Ralph D. Richardson, Meyer Saklad, William A. McDonnell, and Samuel Nathans for their unselfish donation of time, and particularly to Dr. McDonnell for his repeated contribution to Volunteer Fire Companies throughout the state.

It is hoped that all physicians will understand, appreciate, and utilize the experience of the fireman and his equipment, for his objective is to do the right thing at the right time until the doctor arrives, and then to step quietly aside, ready and willing to assist when directed. To date 511 firemen have received a standard first aid course certificate and 412 have gone on to complete the advanced rating. Here, then, is the nucleus of First Aid teams in the event of an active Civil Defense program.



The badge shown above indicates that the wearer is a qualified Advanced First Aider. All State and local police will recognize this badge which is loaned by the State Police to the wearer as long as he maintains an active Red Cross Advanced Certificate.

Multiple Vitamin Therapy

"... Patients fare much better when [the deficiencies] are treated simultaneously.... Convalescence is delayed when one gives only one vitamin at a time..." (Spies & Butt in Duncan, G. G.: Diseases of Metabolism, ed. 2, Philadelphia, Saunders, 1947, p. 504.)

THERAGRAN

Therapeutic Formula Vitamin Capsules Squibb



*Each Theragran Capsule
gives your patient:*

| | |
|------------------------------|---------------------|
| Vitamin A | 25,000 U.S.P. units |
| Vitamin D | 1,000 U.S.P. units |
| Thiamine hydrochloride | 10 mg. |
| Riboflavin | 5 mg. |
| Niacinamide | 150 mg. |
| Ascorbic acid | 150 mg. |

Bottles of 30, 100, and 1000

*When you want truly therapeutic dosages—
specify THERAGRAN®*

SQUIBB

PRIORITIES TO BE OBSERVED IN CALLING MEDICAL AND DENTAL RESERVE OFFICERS TO ACTIVE DUTY

(The following directives have been submitted to the Rhode Island Medical Society by Richard L. Meiling, M.D., Director of Medical Services, Department of Defense, Office of Medical Services, Washington, D. C.)

THE SECRETARY OF DEFENSE Washington

7 September, 1950

MEMORANDUM FOR THE SECRETARY OF THE ARMY
SECRETARY OF THE NAVY
SECRETARY OF THE AIR FORCE

Subject: Priorities to be observed in calling medical and dental reserve officers to active duty.

By direction of the President, the military departments will strictly observe the following order of priorities in calling to active duty medical and dental reserve officers who are not members of organized reserve units:

First Priority:

Medical and dental reserve officers who were V-12 or ASTP participants, and who have had no prior military service as commissioned medical or dental officers. It is desired that substantially all this group of officers be called before calls are made to the individuals in the second priority.

Second Priority:

Medical and dental reserve officers who were V-12 or ASTP participants, and who have had prior military service. These individuals will be classified by numbers of months of previous active duty, and will be called in inverse order of the number of months of previous active duty they have to their credit. It is desired that substantially all of this group of officers be called before calls are made to the individuals in the third priority.

Third Priority:

Other reserve officers.

Exceptions:

Exceptions may be made to the above priorities in the case of medical reserve officers who have not yet completed twelve full months of medical internship. These individuals, if actively pursuing a medical internship, will be granted a delay in call-up until they have completed a total of twelve full months.

Additionally, in special cases, where a military department can show a military need for the services of a particular individual or group of individuals with special qualifications whose prior service might otherwise tend to warrant their delay in call-up under the policy enunciated above, exceptions may be made so as to authorize their recall to duty but then only after obtaining the approval of the Director of Medical Services.

Attention is invited to the memorandum of 20 July 1950 addressed to the Secretaries of the military departments by which the military services were authorized to make calls into the Federal service of certain organized units and of individual members of the Reserve. The second paragraph of that memorandum indicated that advance notice to me of the proposed issuance of orders of categories of specialists in the Reserve was required. In keeping with that directive, I desire specific notification of all plans with reference to future calls to be made for all medical and dental officers, and I wish to receive them sufficiently in advance of the proposed publication of orders so that they can be reviewed in my office.

In addition, to the extent that medical and dental reserve officers who are not members of organized reserve units have heretofore been ordered to duty but have not yet reported for duty, in a priority order other than the one set out above, I want the Secretary of each of the military departments to review its procedures in issuing such calls, in order to eliminate inequities to the maximum possible extent.

The Director of Medical Services will request information from the military departments which will permit me to be kept fully informed monthly of the status of all medical and dental personnel called to active duty.

/s/ LOUIS JOHNSON
continued on page 546

TWO ADDED SUGARS
Cows' milk contains about 4.6 per cent carbohydrates.

MORE EASILY DIGESTED PROTEINS
The protein content of Baker's is made more and less allergenic by the manufacturing process according to the boiling point boiling.

AN ADJUSTED FAT
Although the fat of cows' milk is usually readily absorbed, it contains more of the esters of saturated and volatile fatty acids. In the fractionation, these are removed.

FORTIFIED AT 7 STRATEGIC POINTS
Starting with tuberculin-tested cows' milk, the formula, Baker's Modified Milk, contains the essentials which make up a complete milk diet.

A COMPLETE MILK DIET
Baker's Modified Milk contains the essentials which make up a complete milk diet.

ADEQUATE SUPPLY OF PROTEINS
To compensate for the lower biological value of cow's milk protein as a tissue builder in infants, Baker's Modified Milk, when diluted to normal strength, provides total protein (including added gelatin) in approximately 60 per cent greater amount than in human milk.

FORTIFIED VITAMIN CONTENT
The vitamin potencies of Baker's Modified Milk when diluted to normal strength, ready for feeding, have been determined by several methods.

SIMILAR TO HUMAN MILK
The similarity of Baker's Modified Milk to human milk gains acceptance by the physician to the extent that it is well tolerated.

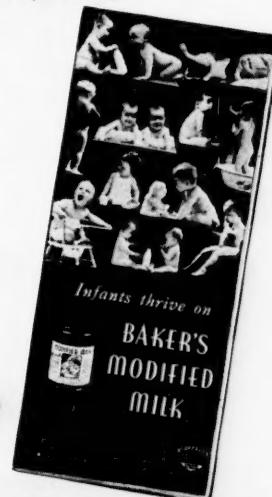
THE MINERAL CONTENT
Baker's Modified Milk contains all of the mineral salts found in human milk. Calcium is present slightly in excess of the amounts found in human milk. Calcium, phosphorus, potassium, sodium, chlorine, magnesium, iron, zinc, copper, manganese, iodine, cobalt, and other minerals are present in amounts slightly in excess of those found in human milk. Calcium, phosphorus, potassium, sodium, chlorine, magnesium, iron, zinc, copper, manganese, iodine, cobalt, and other minerals are present in amounts slightly in excess of those found in human milk.

Developed to Meet the Needs of the Physician in Infant Feeding



MADE FROM GRADE A MILK

◀ POWDER ↓ LIQUID } Start with either and change from one to the other, to meet individual requirements.



A copy of this informative folder which completely describes Baker's Modified Milk, with feeding directions, will be mailed on request.

BAKER'S MODIFIED MILK

THE BAKER LABORATORIES INC.

Main Office: Cleveland, Ohio
Plant: East Troy, Wisconsin

Division Offices: San Francisco, Los Angeles,
Dallas, Denver, Seattle and Greensboro, N. C.



THE WHITE HOUSE
Washington

September 9, 1950

My dear Mr. Secretary:

I have today approved S. 4029 "To amend the Selective Service Act of 1948, as amended, so as to provide for special registration, classification, and induction of certain medical, dental and allied specialist categories, and for other purposes."

The specific provisions of this Act not only authorize induction of doctors, dentists and related specialist personnel for service in the Armed Forces, but they also establish certain priorities for calling such persons for service. These priorities appear to me to be logical and fair, both to the Government and to the individuals affected.

If, as now seems certain, we shall not be able to meet our needs for doctors and dentists by volunteer service, it is my desire that the same priority of call be established for reserve and nonreserve personnel.

You are hereby directed, within such general policies as may be established for deferment from induction or call to active duty, to order that such persons who received their education at Government expense under the Army specialized training program and the Navy V-12 program will be called first. Any reserve personnel who are not assigned to organized units in high priority for extended active duty as units and who were educated at Government expense, are to be fitted into the established priorities for call on the same basis as nonreserve personnel and regardless of the immediate needs of the individual service in which they may hold reserve commissions. It would obviously be unfair to induct persons of lower priority in the specialist categories when persons in higher categories are available even if inter-service transfer or detail to another service for a temporary period should be required to make the individual specialist involved available.

Sincerely yours,
/s/ HARRY TRUMAN

The Honorable
The Secretary of Defense

For your protection . . .



Prescribe Certified Milk A Standard of Excellence

PURE • NUTRITIOUS • SAFE

Certified Milk

IN RHODE ISLAND IS

PRODUCED BY

Cherry Hill Farm
Fairoaks Farm
Hampshire Hills Farm
Walker-Gordon Lab. Co., Inc.

DISTRIBUTED BY

| | |
|------------------|---------|
| H. P. Hood Co. | DE 3024 |
| Fairoaks Farm | PE 6870 |
| Whiting Milk Co. | GA 5363 |
| H. P. Hood Co. | DE 3024 |
| Whiting Milk Co. | GA 5363 |

Certified Milk Deserves Your Recommendation



activated bulk gives
results in more patients

The secret of Choducell's success is no miracle... merely medical common sense. The benefits of bulk-producing methylcellulose have been established¹... but, as you know, bulk alone often is not effective. And when it isn't, some of the patient's precious confidence in his doctor is lost. Thus Maltbie has activated methylcellulose with pure Cholic Acid-Maltbie so that satisfactory results are obtained more often. The gentle, "natural laxative"² effect of cholic acid gives that added intestinal stimulation so many patients need for effective laxation—without recourse to harsh, habit-forming drugs. Further, Choducell effects laxation without cramping, bloating or epigastric distress.

CHODUCELL tablets

Each Choducell tablet contains:

METHYLCELLULOSE . . . 0.5 Gm. . . . to produce bland, lubricating bulk.

CHOLIC ACID-MALTBIE . . . 0.04 Gm. . . . to stimulate gentle peristalsis.

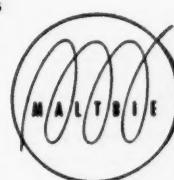
Fewer tablets required—hence economical, easy dosage!

Two or 3 Choducell Tablets taken upon retiring with a full glass of water usually suffices; in severe cases 2 or 3 Choducell Tablets twice daily until normal stool is obtained.

1. Bargen, J. A.: Gastroenterology 13:275, 1949
2. Ivy, A. C., and Berman, A. L.: Minnesota Med. 22:815, 1939

MALTBIE LABORATORIES, INC.

Newark 1, New Jersey



**ROSTER OF FELLOWS
of the
RHODE ISLAND MEDICAL SOCIETY
October 1, 1950**

Where District Society is not listed after the name the Fellow is a member of the Providence Medical Association.

Telephone numbers have been checked with the latest available directories and every effort has been made to insure accuracy.

Any errors in this listing should be reported immediately to the Executive Office of the Society.

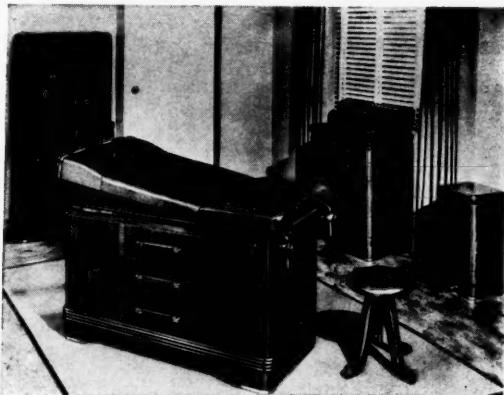
A

| | |
|--|---------------|
| Abbate, Rocco, (<i>Kent</i>) 873 Warwick Avenue, Lakewood | HO 1-3323 |
| Abramson, Lewis, (<i>Newport</i>) 280 Broadway, Newport | Newport 5400 |
| Adams, Frank M., 122 Waterman Street, Providence 6 | GA 1-4183 |
| Adelman, Maurice, 209 Angell Street, Providence 6 | DE 1-9129 |
| Adelson, Samuel, (<i>Newport</i>) 135 Touro Street, Newport | Newport 784-W |
| Agnelli, Freeman B., (<i>Washington</i>) 25 Elm Street, Westerly | Westerly 2507 |
| Alexander, George H., Butler Hospital, Providence 6 | GA 1-3456 |
| Allen, Reginald A., 223 Thayer Street, Providence 6 | GA 1-5552 |
| Allin, Francis E., 2247 Mineral Spring Avenue, Centerdale 11 | CE 1-0154-W |
| Anderson, Carl V., (<i>Kent</i>) Pondville Hospital, Box 111, Walpole, Massachusetts | |
| Angelone, C. Thomas, 872 Park Avenue, Cranston 10 | HO 1-3900 |
| Angeloni, Tito, 406 Branch Avenue, Providence 4 | DE 1-6676 |
| Archetto, Angelo, 964 Cranston Street, Providence 9 | EL 1-3717 |
| Arciero, Michael, 225 Admiral Street, Providence 8 | GA 1-7330 |
| Arlen, Richard S., 359 Broad Street, Providence 7 | DE 1-8210 |
| Armington, Herbert H., 789 Broad Street, Providence 7 | ST 1-4115 |
| Ashton, George W., (<i>Woonsocket</i>) Harrisville | Pascoag 91 |
| Ashworth, Charles J., 184 Angell Street, Providence 6 | GA 1-4370 |
| Astle, Christopher J., 278 Broad Street, Providence 3 | GA 1-3167 |

B

| | |
|---|-------------|
| Badway, Joseph M., 549 Broadway, Providence 9 | UN 1-2400 |
| Baldridge, Robert R., 192 Angell Street, Providence 6 | GA 1-3448 |
| Bandcian, Alice K., (<i>Pawtucket</i>) 210 Pine Street, Holyoke, Massachusetts | |
| Bandcian, John J., 203 Angell Street, Providence 6 | GA 1-4624 |
| Barber, Paul E., (<i>Kent</i>) 1022 Main Street, West Warwick | VA 1-2500-W |
| Barnes, Albert E., (<i>Pawtucket</i>) 491 Broad Street, Lonsdale | PA 5-1740 |
| Barnes, Alvah H., 451 Plainfield Street, Providence 9 | EL 1-2514 |
| Baronian, Durtad R., 688 Cranston Street, Providence 7 | WI 1-3310 |
| Barr, Kathleen M., 605 Hope Street, Providence 6 | GA 1-4114 |
| Barrett, Harold S., 116 Lakewood Circle South, Manchester, Connecticut | |
| Barrett, John T., 122 Waterman Street, Providence 6 | JA 1-2244 |
| Barry, Ambrose G., (<i>Pawtucket</i>) 387 Broadway, Pawtucket | PA 3-4312 |
| Bartley, James H., Jr., 7 Benefit Street, Providence 3 | DE 1-6350 |
| Batchelder, Philip, 129 Waterman Street, Providence 6 | GA 1-2166 |
| Batchelder, Walter E., 1035 Maple Avenue, Dowers Grove, Illinois | |
| Bates, Reuben C., 122 Waterman Street, Providence 6 | GA 1-4233 |
| Baute, Joseph A., (<i>Kent</i>) 4547 Post Road, East Greenwich | GR 1-0420W |
| Beardsley, J. Murray, 154 Waterman Street, Providence 6 | UN 1-1880 |
| Beaudin, Briand N., (<i>Kent</i>) 46 West Warwick Avenue, West Warwick | VA 1-0092 |
| Beaudoin, Louis L., (<i>Pawtucket</i>) 710 Main Street, Pawtucket | PA 2-7696 |
| Beaudreault, Elphege A., (<i>Woonsocket</i>) Mercy Hospital, Hillcrest Drive, San Diego, California | |
| Beck, Irving A., 355 Thayer Street, Providence 6 | UN 1-1452 |
| Beckett, Francis H., 189 Waterman Street, Providence 6 | GA 1-3342 |
| Behrendt, Vera M., State Hospital, Howard | HO 1-3700 |
| Bell, Duncan W. J., 211 Angell Street, Providence 6 | DE 1-0159 |
| Bellino, Antonio, 341 Broadway, Providence 9 | PL 1-2224 |
| Benjamin, Emanuel W., 105 Waterman Street, Providence 6 | JA 1-1441 |
| Bernardo, John R., (<i>Bristol</i>) 342 High Street, Bristol | Bristol 319 |
| Bernasconi, Ezio J., 726 Broad Street, Providence 7 | WI 1-3212 |

continued on page 550



Invest in the Best HAMILTON NUTONE SUITE

Built to highest standards, the conservative, dignified modern design is thoroughly professional, harmonizes beautifully with any surroundings.

Each unit
is designed for
greatest utility and
efficiency, featuring the
longer, wider table with dis-
appearing stirrups, pull-out foot
rest, steel-wood drawers, hide-a-roll
paper cover.

ANESTHETIC
GASES •
PHYSICIANS',
SURGEONS',
MEDICAL AND
HOSPITAL SUPPLIES

S MITH-HOLDE N
INC.
Across from St. Joseph's Hospital
624 BROAD STREET • PROVIDENCE

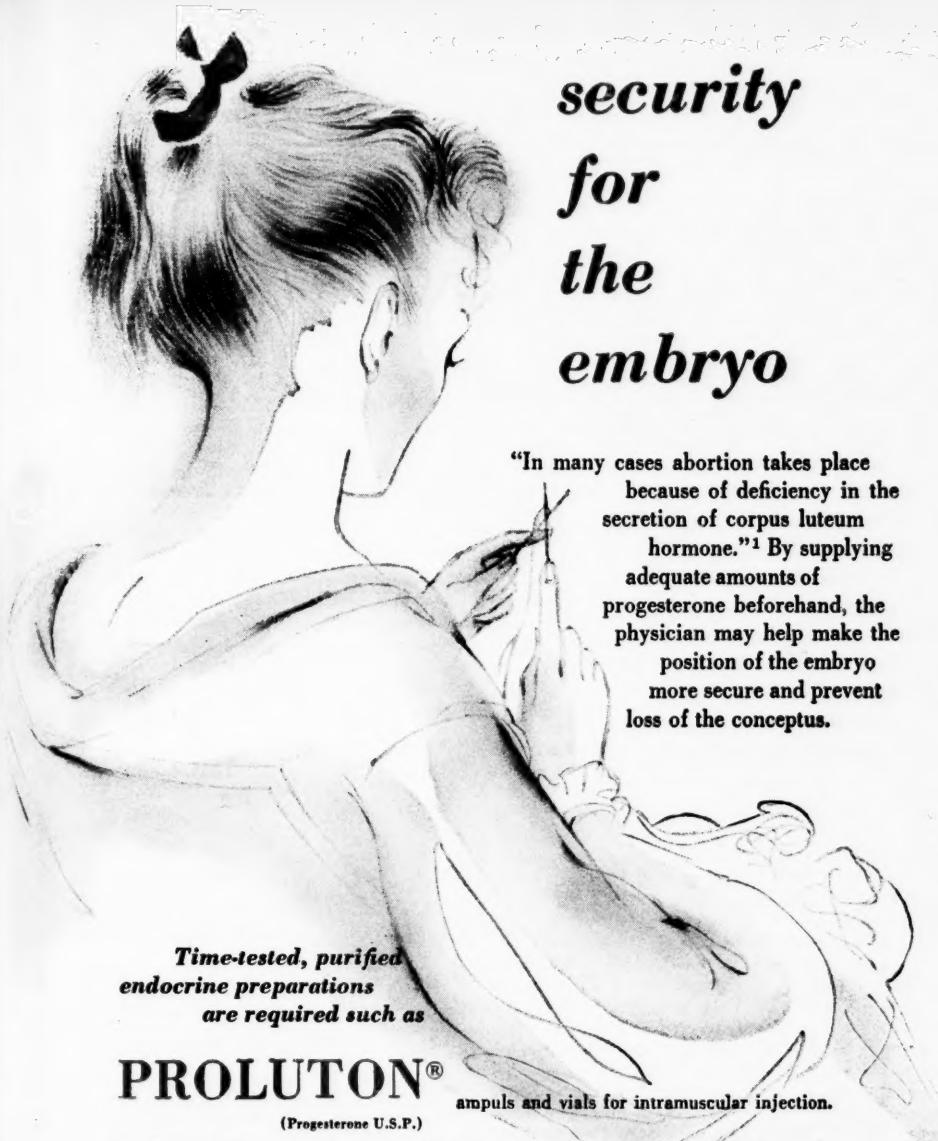
HOSPITAL BEDS •
WHEEL CHAIRS •
TRUSSES • BELTS •
SUPPORTS •
SICK ROOM
SUPPLIES

ROSTER OF FELLOWS

continued from page 548

| | |
|---|----------------------|
| Bernstein, Perry, 169 Angell Street, Providence 6 | DE 1-5115 |
| Berrillo, Anacleto, 409 Broadway, Providence 9 | UN 1-6611 |
| Bertini, Armando A., (Pawtucket) 9 Cottage Street, Pawtucket | PA 5-7329 |
| Bertone, Virgilio M., (Woonsocket) 21 Hamlet Avenue, Woonsocket | Woonsocket 2560 |
| Bestoso, Robert L., (Newport) 64 Touro Street, Newport | Newport 3036-W |
| Bird, Clarence E., 116 Waterman Street, Providence 6 | GA 1-6363 |
| Bishop, E. Wade, 182 Waterman Street, Providence 6 | GA 1-2475 |
| Black, Edward J., 169 Angell Street, Providence 6 | DE 1-6059 |
| Blanchard, Howard E., 59 Elmwood Avenue, Providence 7 | GA 1-2622 |
| Blount, Samuel G., 207 Admiral Street, Providence 8 | DE 1-5436 |
| Bolotow, Nathan A., 126 Waterman Street, Providence 6 | PL 1-4987 |
| Bolster, John A., 243 Elmwood Avenue, Providence 7 | DE 1-6270 |
| Botvin, Morris, 155 Angell Street, Providence 6 | UN 1-1210 |
| Boucher, Paul E., (Woonsocket) 55 Hamlet Avenue, Woonsocket | Woonsocket 67-W |
| Boucher, Reginald H., (Pawtucket) 704 Main Street, Pawtucket | PA 3-5534 |
| Bourn, Lucy E., 381 Angell Street, Providence 6 | DE 1-1694 |
| Bowen, Earl A., 669 Park Avenue, Cranston 10 | HO 1-4130 |
| Bowles, George E., 154 Waterman Street, Providence 6 | DE 1-1898 |
| Boyd, James F., 195 Angell Street, Providence 6 | GA 1-1589 |
| Brackett, Edward S., 123 Waterman Street, Providence 6 | GA 1-6431 |
| Bradley, Charles, University of Oregon, Portland, Oregon | |
| Bradshaw, Arthur B., 49 Beacon Avenue, Providence 3 | GA 1-3852 |
| Bray, Russell S., 454 Angell Street, Providence 6 | PL 1-2440 |
| Brennen, Earle H., 58 John Street, East Providence 14 | EA 1-0942 |
| Breslin, Robert H., 1494 Broad Street, Providence 5 | HO 1-3113 |
| Brochu, Charles E., (Woonsocket) 38 Hamlet Avenue, Woonsocket | Woonsocket 6174 |
| Brothers, John H., 637 Smith Street, Providence 8 | DE 1-4180 |
| Brown, Abe A., 18963 Wisconsin, Detroit 21, Michigan | |
| Brownell, Henry W., (Newport) 10 Bull Street, Newport | Newport 512-W |
| Bruno, Paul C., (Bristol) 51 Church Street, Bristol | BR 1-0514 |
| Bruno, Rocco, (Pawtucket) 193 East Avenue, Pawtucket | PA 3-4669 |
| Bryan, Charles E., 425 Willett Avenue, Riverside 15 | EA 1-0961-W |
| Buffum, William P., 122 Waterman Street, Providence 6 | GA 1-3446 |
| Burgess, Alex M., 454 Angell Street, Providence 6 | PL 1-2440 |
| Burgess, Alexander M., Jr., 454 Angell Street, Providence 6 | PL 1-2440 |
| Burke, Edward F., 410 Broadway, Providence 9 | UN 1-5504, JA 1-2331 |
| Burns, Francis L., 382 Broad Street, Providence 7 | DE 1-1164 |
| Burns, Frederic J., 5 Hillside Avenue, Providence 6 | PA 5-1476 |
| Burns, Louis E., (Newport) 24 Bull Street, Newport | Newport 39 |
| Burrows, Ernest A., 116 Waterman Street, Providence 6 | GA 1-3636 |
| Burton, Kenneth G., 124 Waterman Street, Providence 6 | GA 1-0473 |
| Butler, William J., 199 Angell Street, Providence 6 | DE 1-0294 |
| Buxton, Bertram, Jr., 167 Angell Street, Providence 6 | GA 1-6431 |
| C | |
| Caldarone, Alfred A., 104 Almy Street, Providence 9 | UN 1-4482 |
| Calder, Harold G., 224 Thayer Street, Providence 6 | GA 1-1947 |
| Calise, Domenico, 441 Broadway, Providence 9 | UN 1-5529 |
| Callahan, James C., (Newport) 10 Bull Street, Newport | Newport 171 |
| Cameron, Edward S., 82 Waterman Street, Providence 6 | GA 1-1989 |
| Campbell, Walter E., 224 Thayer Street, Providence 6 | GA 1-2324 |
| Capalbo, Sylvester A., (Washington) 75 Woodruff Avenue, Wakefield | Narr. 414 |
| Capobianco, Giovanni, 536 Admiral Street, Providence 8 | GA 1-5819 |
| Capwell, Remington P., 32 Reservoir Avenue, Providence 7 | WI 1-2255 |
| Cardi, Alphonse R., 1303 Cranston Street, Cranston 9 | EL 1-1836 |
| Cardillo, Edward, 463 Broadway, Providence | JA 1-2030 |
| Carey, John E., (Newport) 33 Kay Street, Newport | Newport 2121 |
| Carney, Wilfred L., 185 Angell Street, Providence | JA 1-5541 |
| Carroll, Robert E., 295 Angell Street, Providence 6 | GA 1-7377 |
| Case, Jarvis D., 223 Thayer Street, Providence 6 | GA 1-3040 |
| Cashman, Charles W., Jr., 270 Benefit Street, Providence 3 | TE 1-3243 |
| Castronovo, Joseph, 555 Broadway, Providence 9 | UN 1-6363 |
| Catullo, Emilio A., 162 Academy Avenue, Providence 8 | EL 1-6858 |
| Celestino, Pasquale J., (Washington) Main Street, Hope Valley | Hope Valley 154 |
| Cella, Louis J., 514 Broadway, Providence 9 | UN 1-3535 |
| Ceppi, Charles B., (Newport) 68 Narragansett Avenue, Jamestown | Jamestown 8 |
| Cerrito, Louis C., (Washington) 22 Elm Street, Westerly | Westerly 4232 |
| Chace, Robert R., 20 Ridge Road, Bronxville, N. Y. | |

continued on page 552



*security
for
the
embryo*

"In many cases abortion takes place because of deficiency in the secretion of corpus luteum hormone."¹ By supplying adequate amounts of progesterone beforehand, the physician may help make the position of the embryo more secure and prevent loss of the conceptus.

*Time-tested, purified
endocrine preparations
are required such as*

PROLUTON®

(Progesterone U.S.P.)

ampuls and vials for intramuscular injection.

Packaging: PROLUTON in ampuls of 1, 2, 5 or 10 mg.; in boxes of 3, 6 and 50 ampuls. Multiple dose vials of 10 cc.; 10, 25 or 50 mg. per cc.; boxes of 1 and 6 vials.

PROLUTON®

(Progesterone U.S.P. in POLYHYDROL®)

Buccal Tablets—for intraoral administration.

Packaging: PROLUTON Buccal Tablets of 10 mg.; bottles of 30 and 100 tablets.

PRANONE®

Tablets for ingestion.

(Anhydrohydroxy-progesterone U.S.P.)

Packaging: PRANONE Tablets of 5, 10 or 25 mg.; in boxes of 20, 40, 100 and 250 tablets.

1. Letters, Notes and Answers: Brit. M. J. 2:68, 1945.

*T.M.

Schering CORPORATION
BLOOMFIELD, N.J.

PROLUTON



ROSTER OF FELLOWS

continued from page 550

| | |
|--|-------------------|
| Chafee, Francis H., 154 Waterman Street, Providence 6..... | GA 1-4645 |
| Chapas, Benedict, 341 Smith Street, Providence 8..... | DE 1-2925 |
| Chapian, Mihran A., 173 Waterman Street, Providence 6..... | GA 1-0913 |
| Chapman, James G., (<i>Pawtucket</i>) 1189 Smithfield Avenue, Saylesville..... | PA 5-7340 |
| Charon, Ernest A., (<i>Woonsocket</i>) 105 Coyle Avenue, Pawtucket..... | PA 5-0294 |
| Charon, George E., 924 Atwells Avenue, Providence 9..... | EL 1-1160 |
| Chase, Peter P., 122 Waterman Street, Providence 6..... | GA 1-5023 |
| Chaset, Nathan, 105 Keene Street, Providence 6..... | UN 1-8979 |
| Chesebro, Edmund D., 2 Hawthorne Street, Providence 7..... | WI 1-1223 |
| Chimento, Dominic, (<i>Washington</i>) 9 Granite Street, Westerly..... | Westerly 2306 |
| Cianci, Vincent A., 54 Pocasset Avenue, Providence 9..... | TE 1-3395 |
| Ciarla, Philomen P., (<i>Newport</i>) 105 Pelham Street, Newport..... | Newport 531 |
| Cicma, Haralambe G., 63 Angell Street, Providence 6..... | GA 1-8485 |
| Cinquegrana, Oswald, 124 Waterman Avenue, East Providence..... | EA 1-4245 |
| Clark, Samuel D., (<i>Bristol</i>) 366 Hope Street, Bristol..... | BR 1-0003-W |
| Clarke, B. Earl, St. Luke's Hospital, New York | |
| Clarke, Elisha D., 109 North Richhill Street, Waynesburg, Pennsylvania | |
| Clarke, Elliott M., (<i>Pawtucket</i>) 228 Central Street, Central Falls..... | PA 5-4450 |
| Clarkin, Arthur J., 199 Thayer Street, Providence 6..... | GA 1-7368 |
| Clune, James P., 156 Auburn Street, Cranston 10..... | HO 1-1900 |
| Cohen, Earle F., 176 Waterman Street, Providence 6..... | JA 1-5100 |
| Cohen, Leo, 164 Prairie Avenue, Providence 5..... | GA 1-3326 |
| Cohen, Paul, (<i>Woonsocket</i>) 99 Main Street, Woonsocket..... | Woonsocket 6117-R |
| Cohen, William B., 105 Waterman Street, Providence 6..... | GA 1-0843 |
| Colagiovanni, Marco, 288 Broadway, Providence 3..... | GA 1-5894 |
| Collom, Harold L., (<i>Kent</i>) 3235 Post Road, Apponaug..... | HI 1-1214 |
| Conde, George F., 137 Academy Avenue, Providence 8..... | EL 1-2313 |
| Congdon, Palmer, 454 Angell Street, Providence 6..... | PL 1-2440 |
| Conlon, Leo V., (<i>Woonsocket</i>) 113 Main Street, Woonsocket..... | Woonsocket 2482-W |
| Connor, Hilary H., Charles V. Chapin Hospital, Providence..... | DE 1-7400 |
| Conrad, E. Victor, 666 Elmwood Avenue, Providence..... | PL 1-1894 |
| Conte, Alfred C., 540 Charles Street, Providence 4..... | GA 1-8895 |
| Cook, Paul C., 1451 Broad Street, Providence 5..... | WI 1-4412 |
| Cooke, Charles O., 167 Power Street, Providence 6..... | GA 1-3538 |
| Corcione, Mary B., 409 Broadway, Providence 9..... | JA 1-1787 |
| Cormier, Evariste A., (<i>Pawtucket</i>) 1258 Newport Avenue, Pawtucket..... | PA 2-0234 |
| Corrigan, Francis V., 613 Angell Street, Providence 6..... | GA 1-1347 |
| Corsello, Joseph N., 235 Broadway, Providence 3..... | EL 1-7066 |
| Corvese, Anthony, 243 Broadway, Providence 3..... | DE 1-7677 |
| Cox, James H., 141 Waterman Street, Providence 6..... | GA 1-6336 |
| Crane, G. Edward, 223 Thayer Street, Providence 6..... | GA 1-5324 |
| Crank, Rawser P., 765 Park Avenue, Cranston 10..... | WI 1-1614 |
| Crepeau, George A., (<i>Woonsocket</i>) 34 Hamlet Avenue, Woonsocket..... | Woonsocket 3102-W |
| Croce, Gene A., 195 Waterman Street, Providence 6..... | GA 1-8722 |
| Cronick, Charles H., R. I. State Hospital for Mental Diseases, Howard..... | HO 1-4700 |
| Cuddy, Arthur B., 162 Pontiac Avenue, Cranston 10..... | WI 1-5249 |
| Cummings, Frank A., 169 Angell Street, Providence 6..... | DE 1-6622 |
| Curran, Edmund B., Georgetown University Hospital, Washington, D. C. | |
| Curren, L. Addison, 789 Park Avenue, Cranston 10..... | WI 1-1568 |
| Cutts, Frank B., 154 Waterman Street, Providence 6..... | GA 1-2664 |

*continued on page 554***Our 3 registered pharmacists***Serving . . .***PROVIDENCE—CRANSTON***. . . Friendly Pharmacy***22 Pontiac St. Corner Reservoir Ave.****Near Calart Flower Co.****Finest Prescription Service****IN MOUNT PLEASANT IT'S . . .****Butterfield's
DRUG STORE****Corner Chalkstone & Academy Aves.****ELMHURST 1-1957**

THROAT SPECIALISTS REPORT
ON 30-DAY TEST OF CAMEL SMOKERS...

"Not one single case of throat irritation due to smoking Camels!"

Yes, these were the findings of throat specialists after a total of 2,470 weekly examinations of the throats of hundreds of men and women who smoked Camels—and only Camels—for 30 consecutive days.



R. J. Reynolds
Tobacco Co.,
Winston-Salem, N. C.

ACCORDING TO A NATIONWIDE SURVEY:

**More Doctors Smoke Camels
THAN ANY OTHER CIGARETTE**

Yes, doctors smoke for pleasure, too! In a nationwide survey, three independent research organizations asked 113,597 doctors what cigarette they smoked. The brand named most was Camel.



ROSTER OF FELLOWS

continued from page 552

| | |
|---|-----------|
| Cutts, Katherine K., 9 Irving Avenue, Providence 6 | PL 1-4772 |
| Cutts, Morgan, 154 Waterman Street, Providence 6 | DE 1-3427 |
| Czekanski, Andrew G., (Pawtucket) 300 Broad Street, Pawtucket | PA 6-7225 |

D

| | |
|---|-------------------|
| Damarjian, Edward, 124 Waterman Street, Providence 6 | GA 1-1808 |
| D'Angelo, Antonio F., (Bristol) 99 State Street, Bristol | BR 1-0761 |
| Darrah, Harry E., 42 Woodbury Street, Providence 6 | DE 1-1035 |
| Dashef, Oscar Z., (Woonsocket) 202 Stadium Building, Woonsocket | Woonsocket 6011-W |
| Davies, Stanley D., (Kent) 8 St. John Street, West Warwick | VA 1-0961 |
| Davis, George W., 1732 Broad Street, Edgewood 5 | WI 1-2433 |
| Davis, William P., 182 Waterman Street, Providence 6 | DE 1-1536 |
| Deery, James P., 331 State Office Building, Providence 2 | JA 1-7100 |
| Defusco, Bruno G., 369 Broadway, Providence 9 | UN 1-4509 |
| DeLuca, Joseph, 158 Governor Street, Providence 6 | PL 1-2243 |
| Denhoff, Eric, 187 Waterman Street, Providence 6 | GA 1-1837 |
| DeNyse, Donald L., 922 Park Avenue, Cranston 10 | WI 1-2266 |
| DeStefani, Carlo J., (Woonsocket) 689 Wood Avenue, Woonsocket | Woonsocket 6563-W |
| Devere, Frederick H., 677 Park Avenue, Cranston 10 | HO 1-0242 |
| DeWolf, Halsey, 305 Brook Street, Providence 6 | GA 1-5484 |
| Dileone, Ralph, 223 Broadway, Providence 3 | GA 1-3468 |
| Dillon, John A., 154 Waterman Street, Providence 6 | UN 1-2323 |
| DiMaio, Michael, 415 Angell Street, Providence 6 | JA 1-6682 |
| Dimmitt, Frank W., 78 Waterman Street, Providence 6 | GA 1-2886 |
| DiPippo, Palmino, 1536 Westminster Street, Providence 9 | TE 1-1567 |
| Dolan, Thomas J., 60 South Angell Street, Providence 6 | GA 1-5610 |
| Donley, John E., 222 Broadway, Providence 3 | UN 1-1313 |
| Donnelly, John J., 603 Broad Street, Providence 7 | PL 1-2310 |
| Dotterer, Charles S., (Newport) 11 Redwood Street, Newport | Newport 2950 |
| Doucet, Charles S., (Pawtucket) 615 Broad Street, Central Falls | PA 5-7041 |
| Dougherty, Edward F., 6374 7th Ave. N., St. Petersburg, Florida | |
| Dowling, Joseph L., 57 Jackson Street, Providence 3 | GA 1-3552 |
| Dowling, Richard H., (Woonsocket) 128 Main Street, Woonsocket | Woonsocket 167-W |
| Drew, Robert W., (Bristol) 10 Broad Street, Warren | WA 1-1490-W |
| Duckworth, Milton, (Washington) Carolina | Carolina 17R2 |
| Duffy, Frank P., 372 Pontiac Avenue, Cranston 10 | ST 1-6322 |
| Dufresne, Walter J., (Pawtucket) 168 West Avenue, Pawtucket | PA 3-3996 |
| Dugas, Leo, (Woonsocket) School Street, Slatersville | Woonsocket 122-W |
| D'Ugo, William P., 282 Broadway, Providence 3 | GA 1-0151 |
| Dunbar, Charles W., (Bristol) 10 Appian Way, W. Barrington 14 | WA 1-1106 |
| Duquette, Leo H., (Kent) 1044 Main Street, West Warwick | VA 1-0774 |
| Durkin, Patrick A., (Pawtucket) 459 Central Avenue, Pawtucket | PA 2-8263 |
| Durkin, Walter R., 111 Waterman Street, Providence 6 | DE 1-2224 |
| Dustin, Cecil C., R. F. D. 1, Box 151, Rochester, New Hampshire | |
| Dwyer, George J., 796 Atwells Avenue, Providence 9 | TE 1-2615 |
| Dzioch, John S., 148 Blackstone Blvd., Providence 6 | DE 1-7360 |

E

| | |
|---|------------------|
| Earley, Charles P., 388 Prairie Avenue, Providence 5 | HO 1-9285 |
| Eckel, Frederick C., (Washington) 41 Grove Avenue, Westerly | Westerly 2297 |
| Eckert, George A., (Newport) 130 Touro Street, Newport | Newport 35-W |
| Eckstein, Adolph W., 76 Waterman Street, Providence 6 | GA 1-0767 |
| Eddy, Augustine W., (Woonsocket) 42 Hamlet Avenue, Woonsocket | Woonsocket 207-W |
| Eddy, Jesse P., 3rd, 131 Waterman Street, Providence 6 | PL 1-4044 |
| Eddy, Warren H., (Woonsocket) 42 Hamlet Avenue, Woonsocket | Woonsocket 207-W |
| Egan, Thomas A., 156 Smith Street, Providence 8 | DE 1-9414 |
| Eliot, Alice M. B., Adams Point, Barrington | WA 1-0857 |
| Emidy, H. Lorenzo, (Woonsocket) 188 Prospect Street, Woonsocket | Woonsocket 92 |
| Erinakes, Peter C., (Kent) 1425 Main Street, West Warwick | VA 1-0896 |

F

| | |
|---|---------------|
| Fagan, James H., 230 Thayer Street, Providence 6 | GA 1-7242 |
| Fain, William, 249 Thayer Street, Providence 6 | GA 1-7271 |
| Falkinburg, LeRoy W., Roger Williams General Hospital, Providence | GA 1-1625 |
| Fallon, James T., Columbus Hospital, Great Falls, Montana | |
| Famiglietti, Edward V., 77 Brown Street, Providence 6 | UN 1-0023 |
| Fanger, Herbert, R. I. Hospital, Providence | DE 1-4300 |
| Farago, Samuel S., (Washington) 101 West Broad Street, Westerly | Westerly 2432 |
| Farrell, Charles L., (Pawtucket) 166 Pawtucket Avenue, Pawtucket | PA 3-4141 |
| Farrell, George B., (Kent) 1018 Main Street, West Warwick | VA 1-0038 |

continued on page 556

One of a series of reports on

Cortone*

Key to a New Era in Medical Science

**THE CLINICAL RESPONSE
In RHEUMATOID ARTHRITIS
And Its VARIANTS**

Among the conditions in which Cortone has produced striking clinical improvement are:

RHEUMATOID ARTHRITIS and Related Rheumatic Diseases

ACUTE RHEUMATIC FEVER

BRONCHIAL ASTHMA

EYE DISEASES, Including Nonspecific Iritis, Iridocyclitis, Uveitis, and Sympathetic Ophthalmia

SKIN DISORDERS, Notably Pemphigus, Angioneurotic Edema, Atopic Dermatitis, and Exfoliative Dermatitis, Including Cases Secondary to Drug Reactions.

CORTONE is available for use in hospitals having facilities for required laboratory studies, and also for use in nonhospitalized cases following initial therapy in such hospitals. These hospitals can supply physicians' requirements for Cortone.

THE usual pattern of response to CORTONE begins with diminution in subjective stiffness, commonly within 24 to 48 hours, but sometimes within 6 hours after the initial dose. In many cases this symptom is significantly or completely relieved within a few days. Next, articular tenderness and pain on motion decrease. Finally, swellings of the joints diminish, sometimes fairly rapidly and completely, but occasionally more slowly and incompletely.

In many patients, mild soft-tissue deformities of the knees or elbows have disappeared within 7 to 10 days. An increase in muscle strength has been reported. The extent of return to normal has been limited, as must be expected, by the degree of permanent pathologic change present.

Appetite usually improves rapidly, and many patients have described a loss of the feeling of malaise associated with the disease and have experienced a sense of well-being, occasionally within several hours after initial administration of the drug.

When treatment with CORTONE is discontinued, signs and symptoms may begin to reappear within 24 to 48 hours, becoming gradually worse during the following 2 to 4 weeks. The degree of relapse varies, and is apparently unrelated to the duration of treatment. In some patients, however, the greater part of the remission has persisted for as long as several weeks or months. If CORTONE is re-administered when manifestations of the disease return, prompt remission is again induced.



MERCK & CO., INC.
Manufacturing Chemists
RAHWAY, NEW JERSEY

*Trade-mark of Merck & Co., Inc.
for its brand of cortisone.

Cortone

TRADE-MARK
ACETATE
(CORTISONE Acetate Merck)
(11-Dehydro-17-hydroxycorticosterone-21-Acetate)

ROSTER OF FELLOWS

continued from page 554

| | |
|---|------------------|
| Farrell, Irving A., (<i>Pawtucket</i>) 428 Broad Street, Central Falls | PA 5-3575 |
| Feifer, Anthony M., 547 Broadway, Providence 9 | UN 1-3915 |
| Feinberg, Banice, 225 Waterman Street, Providence 6 | UN 1-2242 |
| Femino, Richard D., 666 Douglas Avenue, Providence 9 | UN 1-1433 |
| Ferguson, Duncan H. C., Jr., (<i>Pawtucket</i>) 124 Waterman Street, Providence 6 | GA 1-1808 |
| Ferguson, John B., 205 Broad Street, Providence 3 | GA 1-2799 |
| Ferrara, Bernard F., 211 Webster Avenue, Providence 9 | EL 1-6008 |
| Ferrucci, Domenic P., (<i>Woonsocket</i>) 80 Hamlet Avenue, Woonsocket | Woonsocket 826 |
| Fershtman, Max B., 708 Park Avenue, Cranston 10 | WI 1-4346 |
| Fidanza, Antonio G., 240 Pocasset Avenue, Providence 9 | EL 1-0421 |
| Field, Eugene A., 112 Waterman Street, Providence 6 | GA 1-5016 |
| Fischer, William J. H., Jr., 154 Waterman Street, Providence 6 | GA 1-2676 |
| Fish, David J., 355 Thayer Street, Providence 6 | JA 1-9012 |
| Fish, Vera J. W., 29 Lincoln Avenue, Providence 6 | TE 1-2225 |
| Fishbein, Jay N., 221 Angell Street, Providence 6 | GA 1-3452 |
| Fitts, Fernald C., (<i>Washington</i>) c/o Chance Vought Aircraft, Dallas, Texas | |
| Fitzpatrick, Walter F., Jr., USN Receiving Station, Norfolk, Virginia | |
| Fletcher, Donald B., (<i>Newport</i>) Newport Hospital, Newport | Newport 410 |
| Fletcher, Henry B., 154 Waterman Street, Providence 6 | GA 1-4518 |
| Fletcher, William, 49 Westminster Street, Providence 3 | GA 1-9230 |
| Flynn, Joseph C., 559 Cranston Street, Providence 7 | EL 1-2221 |
| Flynn, Thomas S., (<i>Woonsocket</i>) 11 Monument Square, Woonsocket | Woonsocket 908-W |
| Fogarty, Thomas F., 224 Thayer Street, Providence 6 | GA 1-0217 |
| Foley, William H., 810 Broad Street, Providence 7 | WI 1-2727 |
| Fontaine, Aurey, (<i>Woonsocket</i>) 52 Hamlet Avenue, Woonsocket | Woonsocket 246 |
| Forget, Ulysse, (<i>Bristol</i>) 600 Main Street, Warren | WA 1-0070 |
| Forgiel, Ferdinand S., 162 Angell Street, Providence | EL 1-1103 |
| Fortunato, Stephen J., 425 Plainfield Street, Providence 9 | EL 1-0057 |
| Foster, Edward, (<i>Pawtucket</i>) 569 Power Road, Pawtucket | PA 3-477 |
| Fox, A. Henry, 518 Willett Avenue, East Providence 15 | EA 1-3-72 |
| Fox, G. Raymond, (<i>Pawtucket</i>) 209 Broadway, Pawtucket | PA 5-8621 |
| Franklin, Joseph, 217 Elmwood Avenue, Providence 7 | GA 1-7348 |
| Fratantuono, Frank D., 106 Vinton Street, Providence 9 | PL 1-4493 |
| Freedman, David, 224 Thayer Street, Providence 6 | DE 1-0042 |

*It fills the need . . .***FOR A SOFT CURD MILK**

Proper homogenization produces a very low-tension curd and at no sacrifice of the milk's normal calcium and phosphorus.

- For a milk acceptable to finnicky digestive systems . . .
- For a key food for expectant and nursing mothers . . .
- For the most important item in infant feeding . . .
- For a war-time replacement food as well as a basic food . . .

PREScribe**GRADE A HOMOGENIZED MILK***Produced by***A. B. Munroe Dairy***Established 1881***102 Summit Street, East Providence, R. I., Telephone East Providence 2091**

| | |
|---|------------------|
| Freedman, Stanley S., 183 Waterman Street, Providence 6 | DE 1-8447 |
| Fruggiero, Enzo J., 68 Beaufort Street, Providence 8 | EL 1-4340 |
| Frumson, Solomon L., (Woonsocket) Monument Square, Woonsocket | Woonsocket 719-R |
| Fuhrmann, Louis J., 933 Chalkstone Avenue, Providence 8 | PL 1-4539 |
| Fulton, Frank T., 124 Waterman Street, Providence 6 | GA 1-3111 |
| Fulton, Marshall, 124 Waterman Street, Providence 6 | GA 1-3111 |

G

| | |
|--|-----------------------|
| Gale, Elmer T., (Washington) 5 Robinson Street, Narragansett | Narragansett 800-W |
| Gallagher, Henry J., 386 Smith Street, Providence 8 | DE 1-5967 |
| Gammell, Edwin B., 441 Angell Street, Providence 6 | JA 1-1177 |
| Gannon, Charles H., 23 Holburn Avenue, Cranston 10 | ST 1-4614 |
| Garrison, Norman S., (Washington) Box 547, Westerly | Watch Hill 52-3 |
| Garside, Francis V., 154 Francis Street, Providence 3 | DE 1-7572 |
| Gaudet, Albert J., (Pawtucket) 592 Smithfield Avenue, Pawtucket | PA 2-4995 |
| Gauthier, Henri E., (Woonsocket) 34 Hamlet Avenue, Woonsocket | Woonsocket 393-325 |
| Gerber, Isaac, 10 Leicester Way, Pawtucket | PA 5-5578 |
| Geremia, Albert E., 172 Pocasset Avenue, Providence 9 | EL 1-9251 |
| Gershman, Isadore, 343 Thayer Street, Providence 6 | GA 1-1551 |
| Giannini, Pio, 448 Broadway, Providence 9 | UN 1-3860 |
| Gibson, J. Merrill, 185 Angell Street, Providence 6 | UN 1-1243 |
| Gilbert, John J., 209 Angell Street, Providence 6 | GA 1-1584 |
| Giles, William P., 480 Lowell Avenue, Newtonville, Mass. | |
| Gillis, Nora P., 189 Governor Street, Providence 6 | GA 1-3215 |
| Giunta, Frank, 203 Thayer Street, Providence 6 | DE 1-5666 |
| Giura, Arcadie, (Bristol) 31 Washington Street, Warren | WA 1-0680 |
| Goldowsky, Seebert J., 209 Angell Street, Providence 6 | UN 1-1707 |
| Goldstein, Sidney S., West Kingston | Narragansett 1160 R 4 |
| Golini, Carlotta N., 371 Broadway, Providence 9 | UN 1-6603 |
| Gongaware, Hartford P., (Washington) 17 Granite Street, Westerly | Westerly 2246 |
| Gordon, Calvin M., Lying-In Hospital, Providence 8 | JA 1-1000 |
| Gordon, John H., (Pawtucket) 47 Cottage Street, Pawtucket | PA 3-4134 |
| Gordon, Walter C., 116 Princeton Avenue, Providence 7 | JA 1-4040 |
| Grady, John P., 270 Elmwood Avenue, Providence | DE 1-4034 |
| Granata, Tancredi G., 347 Broadway, Providence 9 | DE 1-0281 |
| Granger, Eugene N., Pascoag | Pascoag 80 |
| Greason, Thomas L., 677 Broad Street, Providence 7 | UN 1-3355 |

continued on next page

it's the taste!

Notice how willingly your patients
follow your dosage instructions
when you prescribe Mytinic.

Mytinic Liquid Oral Hematinic
TRADEMARK

...for all ages



Bristol

LABORATORIES INC.

SYRACUSE, NEW YORK

| | |
|---|-------------------|
| Greenstein, Jacob, 143 Prairie Avenue, Providence 5 | GA 1-1969 |
| Gregory, Kalei K., 225 Hope Street, Providence 6 | DE 1-2459 |
| Grimes, M. Osmond, (<i>Newport</i>) 57 Kay Street, Newport | Newport 2824 |
| Gross, Carl R., 102 Olney Street, Providence 6 | DE 1-8620 |
| Grossman, Herman P., 210 Angell Street, Providence 6 | DE 1-2433 |
| Grzebien, Stanley T., 681 Smith Street, Providence 8 | DE 1-3334 |
| Grzebien, Thomas W., 187 Academy Avenue, Providence 8 | TE 1-1637 |
| H | |
| Hacking, Raymond F., 105 Waterman Street, Providence 6 | GA 1-1613 |
| Hackman, Edmund T., (<i>Kent</i>) 10 Post Road, Warwick 5 | WI 1-2883 |
| Hagenow, LeRoy K., (<i>Kent</i>) 3103 Post Road, Apponaug | HI 1-2228 |
| Hager, Herbert F., 203 Thayer Street, Providence 6 | GA 1-0581 |
| Hager, Russell, (<i>Kent</i>) 6 Post Road, Edgewood | ST 1-2040 |
| Hall, Hugh J., 1283 North Main Street, Providence 4 | GA 1-1162 |
| Hallowell, Harry L., (<i>Woonsocket</i>) 18 Monument Square, Woonsocket | Woonsocket 7510-W |
| Ham, John C., 154 Waterman Street, Providence 6 | GA 1-5111 |
| Hamilton, James, 349 Hope Street, Providence 6 | GA 1-4645 |
| Hamlin, Hannibal, 270 Benefit Street, Providence 6 | UN 1-2630 |
| Hammond, Roland, 41 Boylston Avenue, Providence 6 | PL 1-5949 |
| Hanley, Francis E., (<i>Pawtucket</i>) 336 North Broadway, Providence 16 | EA 1-1236 |
| Hanley, Henry J., (<i>Pawtucket</i>) 23 Park Place, Pawtucket | PA 5-7743 |
| Hanna, Louis E., (<i>Pawtucket</i>) 164 Central Avenue, Pawtucket | PA 5-7392 |
| Hanson, F. Charles, 162 Angell Street, Providence 6 | GA 1-9234 |
| Happ, Linley C., 170 Waterman Street, Providence 6 | GA 1-6855 |
| Hardiman, James F., 432 Public Street, Providence 7 | HO 1-6500 |
| Hardman, Margaret S., 46 Armington Avenue, Providence 8 | |
| Hardy, Arthur E., (<i>Kent</i>) 2 Post Road, Pawtuxet 5 | HO 1-9212 |
| Harley, Benjamin F., Flower-Fifth Avenue Hospital, Fifth Avenue at 105th Street, New York, New York | |
| Harrington, Peter F., 249 Hope Street, Providence 6 | DE 1-2200 |
| Harris, Herbert E., 219 Waterman Street, Providence 6 | GA 1-1721 |
| Harrop, Joseph K., (<i>Kent</i>) 1097 Main Street, West Warwick | VA 1-1233 |
| Harvey, N. Darrell, 112 Waterman Street, Providence 6 | GA 1-6637 |
| Hascall, Theodore C., 48 Lincoln Avenue, Riverside 15 | EA 1-0020 |
| Hathaway, Clifford S., (<i>Washington</i>) 38 Lake Street, Wakefield | Narragansett 640 |
| Haverly, Richard E., 841 Hope Street, Providence 6 | GA 1-9825 |
| Hawkins, Joseph F., 197 Waterman Street, Providence 6 | GA 1-2552 |
| Hayes, Robert C., (<i>Pawtucket</i>) Camp Pickett, Virginia | |
| Hayes, Walter E., 1103 Cranston Street, Cranston 9 | EL 1-4480 |
| Healey, James P., (<i>Pawtucket</i>) 84 Broad Street, Pawtucket | PA 2-7005 |
| Hecker, Harry, (<i>Pawtucket</i>) 172 East Avenue, Pawtucket | PA 2-9395 |
| Heffernan, Edward V., U. S. Naval Hospital, Portsmouth, Virginia | |
| Henmond, Fernand J., (<i>Kent</i>) 12 St. John Street, West Warwick | VA 1-0019 |
| Hennessey, Kieran W., (<i>Pawtucket</i>) 520 East Avenue, Pawtucket | PA 5-0948 |
| Henry, Albert C., (<i>Washington</i>) West Main Street, Wickford | Wickford 409 |
| Henry, Robert T., (<i>Pawtucket</i>) 18 Exchange Street, Pawtucket | PA 3-9366 |
| Hill, Prescott T., 225 Broad Street, Providence 3 | DE 1-0191 |
| Hindle, Joseph A., 655 Broad Street, Providence 7 | DE 1-6310 |
| Hindle, William V., 655 Broad Street, Providence 7 | DE 1-6311 |
| Hoey, Waldo O., 295 Angell Street, Providence 6 | PL 1-1300 |
| Hogan, John P., 655 Broad Street, Providence 7 | UN 1-9544 |
| Holdredge, Bertram L., 685 Broad Street, Providence 7 | JA 1-2554 |
| Holdsworth, Hubert, (<i>Bristol</i>) 132 High Street, Bristol | BR 1-0211 |
| Hollingsworth, Arthur, Hope Road | Scituate 1-5528 |
| Honan, Frank J., 116 Governor Street, Providence 6 | GA 1-9076 |
| Horan, William A., 319 Broad Street, Providence 7 | GA 1-1251 |
| Horvitz, Abraham, 111 Waterman Street, Providence 6 | JA 1-9432 |
| Horwitz, Manuel, 407 Brook Street, Providence 6 | GA 1-5415 |
| Houghton, Montafix W., 2 Seabridge Street, Uxbridge, Massachusetts | |
| Houston, Craig S., 195 Angell Street, Providence 6 | GA 1-6886 |
| Howrie, William C., Jr., 154 Waterman Street, Providence 6 | GA 1-0026 |
| Hudson, Royal C., (<i>Kent</i>) 1225 Main Street, West Warwick | VA 1-1313 |
| Hughes, Stephen F., (<i>Pawtucket</i>) 33 Main Street, Pawtucket | PA 2-6828 |
| Hughes, William N., 112 Waterman Street, Providence 6 | GA 1-1431 |
| Hunt, Russell R., 8 Kensington Road, Cranston 5 | HO 1-7208 |
| Hunt, William W., 93 Warren Avenue, East Providence 14 | EA 1-0031 |
| Hyer, Harrison F., 1 Grove Avenue, East Providence | EA 1-5490 |
| I | |
| Iavazzo, Anthony A., 227 Laurel Hill Avenue, Providence 9 | TE 1-2620 |
| Indeglia, Pasquale V., 451 Broadway, Providence 9 | UN 1-6070 |
| Israel, Cyril, (<i>Woonsocket</i>) 18 Monument Square, Woonsocket | Woonsocket 3891-R |

J

| | |
|---|--------------------|
| Jackvony, Albert H., 339 Elmwood Avenue, Providence 7 | HO 1-1141 |
| Jacobs, Harry, (Woonsocket) Main Street, Pascoag | Pascoag 590 |
| Jacobson, Frank J., 78 Waterman Street, Providence 6 | UN 1-6626 |
| Jadosz, Frank C., 2 Hawthorne Street, Providence 7 | WI 1-1223 |
| Jaworski, Rudolf A., (Pawtucket) 765 Broadway, Pawtucket | PA 5-1201 |
| Jerech, Henrietta K., (Newport) 248 Broadway, Newport | Newport 398 |
| Jeremiah, Bert S., (Pawtucket) 614 East Avenue, Pawtucket | PA 3-3216 |
| Johnson, Linwood A., (Washington) 31 Grove Street, Westerly | Westerly 2725 |
| Johnson, William J., (Washington) 26 North Road, Kingston | Narragansett 552-M |
| Johnston, Joseph C., 369 Broad Street, Providence 7 | GA 1-9885 |
| Jones, Henry A., 506 Pontiac Avenue, Cranston 10 | WI 1-3420 |
| Jones, John P., (Washington) 127 Main Street, Wakefield | Narragansett 3 |
| Jones, Walter S., 165 Waterman Street, Providence 6 | GA 1-8551 |
| Jordan, Harmon P. B., 50 Maude Street, Providence 8 | DE 1-3200 |
| Jordan, William H., 570 Broad Street, Providence 7 | DE 1-0900 |
| Joyce, Henry S., 201 Waterman Avenue, East Providence 14 | EA 1-4123 |

K

| | |
|---|--------------------|
| Kalounos, William N., (Pawtucket) 101 Broadway, Pawtucket | PA 5-5919 |
| Kant, Alfred, Massachusetts Eye and Ear Infirmary, Boston Massachusetts | |
| Kapnick, Israel, 224 Thayer Street, Providence 6 | GA 1-3143 |
| Kaskiw, Emil A., (Woonsocket) 200 Harris Avenue, Woonsocket | Woonsocket 6005 |
| Kay, Maurice N., 183 Waterman Street, Providence 6 | GA 1-2230 |
| Kechijian, Harry M., 84 Broad Street, Pawtucket | PA 2-0493 |
| Kechijian, Natalie, (Pawtucket) 84 Broad Street, Pawtucket | PA 5-7420 |
| Keegan, George A., (Woonsocket) 34 Hamlet Avenue, Woonsocket | Woonsocket 3400-W |
| Kelly, Earl F., (Pawtucket) 582 Main Street, Pawtucket | PA 2-0220 |
| Kennedy, John A., (Woonsocket) 635 West 65th St., N. Y. 32 | |
| Kenney, Stephen A., (Pawtucket) 258 Broad Street, Cumberland | PA 5-2830 |
| Kennon, Charles E. V., 223 Congress Avenue, Providence 7 | HO 1-3434 |
| Kent, Joseph C., (Kent) 10 Post Road, Edgewood 5 | WI 1-1820 |
| Kenyon, Frances A., (Washington) Woodville Road, Woodville | Carolina 18R2 |
| Kenyon, Harold D., (Washington) Box 226, Misquamicut Hills, Westerly | Watch Hill 7137 |
| Keohane, John T., 596 Broad Street, Providence 3 | UN 1-1221 |
| Kern, Arthur B., 247 Waterman Street, Providence 6 | DE 1-6183 |
| Kiene, Hugh E., 111 Waterman Street, Providence 6 | PL 1-5759 |
| King, Alfred E., (Woonsocket) 175 Harris Avenue, Woonsocket | Woonsocket 662 |
| King, Arthur W., (Newport) Harbor Road, Adamsville | Little Compton 452 |
| King, Francis J., (Woonsocket) 175 Harris Avenue, Woonsocket | Woonsocket 662 |
| Kingman, Lucius C., 76 Waterman Street, Providence 6 | DE 1-6138 |
| Kirk, George E., 1337 Smith Street, Providence 8 | EL 1-3122 |
| Kiven, Nathan J., 111 Waterman Street, Providence 6 | PL 1-5759 |
| Koch, Peter, Jr., (Kent) 1451 Main Street, West Warwick | VA 1-0080 |
| Kostyla, Edward A., (Kent) 15 Washington Street, West Warwick | VA 1-0999 |
| Kraemer, Richard J., (Washington) 586 Broad Street, Providence 7 | UN 1-1232 |
| Kramer, Louis I., 126 Waterman Street, Providence 6 | GA 1-3235 |
| Krolicki, Thaddeus A., (Pawtucket) 102 Waterman Street, Providence 6 | JA 1-9090 |

L

| | |
|---|-----------------|
| Ladd, Joseph H., (Washington) Exeter School, Lafayette | Wickford 4 |
| Lagerquist, A. Lloyd, 73 Willett Avenue, Riverside 15 | EA 1-4615 |
| Lalonde, Alphonse J., (Pawtucket) St. Petersburg, Fla. | |
| Lalor, Thomas J., Jr., (Woonsocket) 285 Main Street, Woonsocket | Woonsocket 78-W |
| Lamb, Francis D., (Kent) Lahey Clinic, Boston, Massachusetts | |

continued on next page

IN PAWTUCKET IT'S . . .**J. E. BRENNAN & COMPANY**

Leo C. Clark, Jr., B.S., Reg. Pharm.

Apothecaries

5 North Union Street Pawtucket, R. I.

SHELDON BUILDING

7 Registered Pharmacists

E. P. ANTHONY, INC.**Druggists**

178 ANGELL STREET

PROVIDENCE, R. I.

| | |
|--|-------------------|
| Lambiase, Joseph, 159 Hilltop Drive, Cranston | HI 1-2581-M |
| Lamoureux, Stanislas A., (Pawtucket) 177 Cove Street, New Bedford, Massachusetts | |
| Landsteiner, Ernest K., 154 Waterman Street, Providence 6 | JA 1-2223 |
| Langdon, John, 43 Irving Avenue, Providence 6 | GA 1-1016 |
| Laufier, Maurice W., Emma Pendleton Bradley Home, Riverside 15 | EA 1-3400 |
| Laurelli, Edmond C., (Pawtucket) 156 Broadway, Pawtucket | PA 3-5451 |
| Lawson, Herman A., 12 Everett Avenue, Providence 6 | PL 1-0784 |
| Lawton, Anne L., State Infirmary, Howard | HO 1-3700 |
| Leech, Clifton B., 82 Waterman Street, Providence 6 | GA 1-5171 |
| Leet, William L., 199 Thayer Street, Providence 6 | UN 1-1158 |
| Lent, James W., (Newport) 1698 Main Road, Tiverton | Tiverton 24 |
| Lenzner, Simon G., 187 Waterman Street, Providence 6 | DE 1-8710 |
| Levine, Harry (Woonsocket) 162 Main Street, Woonsocket | Woonsocket 3612-W |
| Levy, William S., (Woonsocket) 70 Main Street, Woonsocket | Woonsocket 2098-W |
| Lewis, Luther R., (Bristol) 10 Broad Street, Warren | WA 1-1962 |
| Lewis, Robert V., 441 Angell Street, Providence 6 | DE 1-8060 |
| Libby, Harold, 223 Thayer Street, Providence 6 | GA 1-0868 |
| Lippitt, Louis D., 41 Pocasset Avenue, Providence 9 | TE 1-2218 |
| Lisbon, Wallace, 928 Smith Street, Providence 8 | TE 1-2953 |
| Litchman, David, 225 Waterman Street, Providence 6 | UN 1-1563 |
| Littlefield, Frank B., 199 Thayer Street, Providence 6 | UN 1-1446 |
| Littleton, Thomas R., 204 Angell Street, Providence 6 | GA 1-2650 |
| Logler, Frank J., (Newport) 42 Kay Street, Newport | Newport 2498-W |
| Londergan, James P., 81 Governor Street, Providence 6 | GA 1-4255 |
| Lord, Robert M., 122 Waterman Street, Providence 6 | GA 1-2163 |
| Lovering, Edwin F., (Pawtucket) 209 Broadway, Pawtucket | PA 3-5363 |
| Luongo, Fedele U., 508 Charles Street, Providence 4 | DE 1-2867 |
| Lupoli, Alphonse W., (Kent) 3291 Post Road, Apponaug | HI 1-1600-W |
| Lury, John J., 1424 Broad Street, Providence 5 | HO 1-3300 |
| Lynch, John P., (Pawtucket) 210 Central Avenue, Pawtucket | PA 2-9529 |

M

| | |
|---|-----------------|
| MacCardell, Frank C., 193 Waterman Street, Providence 6 | DE 1-8433 |
| MacDonald, William J., 221 Thayer Street, Providence 6 | GA 1-1710 |
| Mack, John A., (Kent) 1575 Main Street, West Warwick | VA 1-0639 |
| MacLeod, Norman M., 114 Touro Street, Newport | Newport 282 |
| Magill, William H., 116 Waterman Street, Providence 6 | GA 1-3539 |
| Maher, William F., 949 Chalkstone Avenue, Providence 8 | PL 1-1222 |
| Mahoney, Andrew W., 1404 Westminster Street, Providence 3 | EL 1-0110 |
| Mahoney, George F., State Sanatorium, Wallum Lake | Pascoag 22 |
| Mahoney, William A., 44 Montague Street, Providence 6 | PL 1-1094 |
| Maiello, Robert, 366 Broadway, Providence 3 | GA 1-3377 |
| Malinou, Nathaniel J., 334 Smith Street, Providence 8 | DE 1-2123 |
| Malone, John M., (Newport) 101 Water Street, Portsmouth | Portsmouth 47 |
| Mamos, Photius D., Kennedy Hospital, Memphis 15, Tennessee | |
| Mandell, Israel, 50 Oakland Avenue, Providence 8 | GA 1-2450 |
| Manganaro, Attilio L., (Washington) 95 Kingstown Road, Peace Dale | Narragansett 94 |
| Manning, Patrick J., (Washington) 35 Brown Street, Wickford | Wickford 77 |
| Mara, Earl J., (Pawtucket) 260 Lonsdale Avenue, Pawtucket | PA 2-2301 |
| Margossian, Arshag D., 315 Broad Street, Providence 7 | GA 1-0516 |
| Marks, Herman B., 225 Waterman Street, Providence 6 | UN 1-1020 |
| Marks, Joseph, (Pawtucket) 1111 Smithfield Avenue, Lincoln | PA 2-9330 |
| Marks, Morris, (Pawtucket) 838 Newport Avenue, Pawtucket | PA 5-6783 |
| Marshall, J. Brewer, (Pawtucket) 12 Mulberry Street, Pawtucket | PA 2-4460 |
| Martin, Arthur E., 101 Waterman Street, Providence 6 | GA 1-9271 |

Duffy My Druggist

Plainfield St. at Laurel Hill Ave.,
Providence, R. I.

**Reliable Prescription Service
Since 1922**

Curran & Burton, Inc.

**GENERAL MOTORS
HEATING EQUIPMENT**

COAL

OIL

TURKS HEAD BUILDING, PROVIDENCE

GAspee 8123

| | | |
|--|--------------|--------|
| Martin, Richard J., Silk Lane, North Scituate | Scituate | 1-3347 |
| Martineau, Lawrence A., Rhode Island Hospital, Providence 2 | DE | 1-4300 |
| Marzilli, Alexander F., 7 Dexter Street, Providence 9 | EL | 1-3366 |
| Masse, Omer H., (Pawtucket) 19 Crossman Street, Pawtucket | PA | 5-2880 |
| Mastrobuono, Amedeo N., (Washington) Exeter School, Lafayette | Wickford | 4 |
| Mathews, Frank H., 382 Brook Street, Providence 6 | GA | 1-1815 |
| Mathews, George S., 114 Brown Street, Providence 6 | DE | 1-6742 |
| Mathewson, Earl J., (Pawtucket) 20 Park Place, Pawtucket | PA | 5-2688 |
| Matteo, Frank I., 463 Broadway, Providence 9 | UN | 1-3111 |
| Mattera, Vincent J., 425 Broadway, Providence 9 | UN | 1-2526 |
| Maynard, Irene G., (Kent) 40 Curson Street, West Warwick | VA | 1-1305 |
| Maynard, Jean M., (Kent) 40 Curson Street, West Warwick | VA | 1-1305 |
| Mayer, Frank A., (Newport) Quincy, Illinois | | |
| McAllister, Philip C., (Newport) State Hospital, Weston Air Base, Springfield, Massachusetts | | |
| McAteer, Raymond F., (Washington) 1880 Broad Street, Cranston 5 | WI | 1-6565 |
| McCabe, Francis J., 204 Angell Street, Providence 6 | PL | 1-3675 |
| McCaffrey, James P., 116 Waterman Street, Providence 6 | GA | 1-6533 |
| McCann, Donald, 223 Thayer Street, Providence 6 | GA | 1-5239 |
| McCann, James A., 207 Waterman Street, Providence 6 | GA | 1-1862 |
| McCarthy, James M., (Woonsocket) 426 Blackstone Street, Woonsocket | Woonsocket | 44-W |
| McCaughey, Edward H., (Pawtucket) 118 Prospect Street, Pawtucket | PA | 5-7213 |
| McClellan, George B., (Pawtucket) 435 Central Avenue, Pawtucket | PA | 5-2289 |
| McCoart, Richard F., Jr., 30 Olneyville Square, Providence 9 | TE | 1-0492 |
| McCooey, James H., (Woonsocket) 99 Main Street, Woonsocket | Woonsocket | 1747 |
| McCusker, Henry F., 167 Angell Street, Providence 6 | DE | 1-4901 |
| McDonald, Charles A., 106 Waterman Street, Providence 6 | GA | 1-1711 |
| McDonnell, William A., 20 Highland Avenue, North Providence 11 | TE | 1-0425 |
| McDuff, Henry C., Jr., 155 Thayer Street, Providence | JA | 1-3762 |
| McEvoy, Frank E., 295 Angell Street, Providence 6 | GA | 1-0578 |
| McGinn, James F., (Pawtucket) 19 Stewart Street, Pawtucket | PA | 2-3929 |
| McGovern, Llewellyn J., 1326 Eddy Street, Providence 5 | HO | 1-2125 |
| McGrath, James A., (Washington) 155 Main Street, Wakefield | Narragansett | 1-444 |
| McIntyre, William A., 1588 Smith Street, North Providence | WI | 1-6500 |
| McKendry, James R., 568 Hope Street, Providence 6 | GA | 1-3272 |
| McKenna, Joseph B., (Woonsocket) 162 Main Street, Woonsocket | Woonsocket | 214-W |
| McLaughlin, Edward A., 600 Broad Street, Providence 7 | DE | 1-7470 |
| McOsker, Thomas C., 152 Francis Street, Providence 3 | GA | 1-1243 |
| McWilliams, Joseph G., 154 Angell Street, Providence 6 | GA | 1-4487 |
| Medoff, Edward B., (Woonsocket) Room 204, Hospital Trust Building, Woonsocket | Woonsocket | 804-W |
| Mellone, John A., (Bristol) 15 Bay Spring Avenue, West Barrington | WA | 1-0682 |
| Melucci, Alfred F., (Pawtucket) 113 West Avenue, Pawtucket | PA | 2-0269 |
| Melvin, Edward G., 369 Broad Street, Providence 7 | DE | 1-1018 |
| Menzies, Gordon E., 154 West Main Street, Wickford | Wickford | 23 |
| Merchant, Marcus H., (Bristol) 390 Main Street, Warren | WA | 1-0077 |
| Merlino, Frank A., 377 Hope Street, Providence 6 | GA | 1-6745 |
| Merrill, Whitman, (Kent) 99 Main Street, Coventry | VA | 1-0881 |
| Messinger, Margaret, 210 Angell Street, Providence 6 | PL | 1-3803 |
| Metcalf, Cecil J., 198 Angell Street, Providence 6 | UN | 1-0494 |
| Migliaccio, Anthony V., 196 Broadway, Providence 3 | GA | 1-4341 |
| Millard, Charles E., (Bristol) 673 Main Street, Warren | WA | 1-0220 |
| Miller, Albert H., 28 Everett Avenue, Providence 6 | DE | 1-5058 |

continued on next page

IN WOONSOCKET IT'S . . .**Joseph Brown Company**

*Specializing in Prescriptions
and Surgical Fittings*

EIGHT REGISTERED PHARMACISTS

188 Main Street Woonsocket, R. I.

"If It's from Brown's, It's All Right"

IN OLNEYVILLE IT'S . . .**McCAFFREY INC.**

Druggists

19 OLNEYVILLE SQUARE

PROVIDENCE 9, R. I.

| | |
|---|-----------------|
| Miller, Henry, 194 Waterman Street, Providence 6 | UN 1-0832 |
| Miller, Himon, 105 Waterman Street, Providence 6 | GA 1-2541 |
| Mills, Parker, 266 Smith Street, Providence 8 | GA 1-1388 |
| Miner, Harold C., 1447 Broad Street, Providence 5 | HO 1-2141 |
| Missirlian, Mihran, 188 Broad Street, Providence 3 | GA 1-5842 |
| Mochnacky, John, 660 Broad Street, Providence 7 | GA 1-4871 |
| Molony, Walter J., 715 Broad Street, Providence 7 | WI 1-1423 |
| Monahan, John T., 160 Academy Avenue, Providence 8 | EL 1-0213 |
| Mongillo, Barrito B., 275 Wayland Avenue, Providence 6 | DE 1-5956 |
| Monti, Emilio J., 214 Broadway, Providence 3 | GA 1-4239 |
| Monti, Victor H., (Woonsocket) 50 Carrington Avenue, Woonsocket | Woonsocket 4092 |
| Moor, Henry B., 147 Angell Street, Providence 6 | GA 1-3007 |
| Moore, James S., 30 John Street, East Providence 14 | EA 1-2074 |
| Moran, James B., 66 Fruit Hill Avenue, Providence 9 | EL 1-4661 |
| Morein, Samuel, 345 Angell Street, Providence 6 | GA 1-0970 |
| Mori, Laurence A., 55 Pocasset Avenue, Providence 9 | TE 1-0500 |
| Morrone, Louis A., (Washington) 21 Grove Avenue, Westerly | Westerly 2234 |
| Motta, Gustavo A., 164 Academy Avenue, Providence 8 | EL 1-5554 |
| Mowry, Classen, 15 South Hill Drive, Cranston 9 | UN 1-9237 |
| Mowry, Jesse E., 211 Washington Avenue, Providence 5 | HO 1-2229 |
| Muller, Gertrude L., 118 Pitman Street, Providence 6 | DE 1-5398 |
| Mulvey, William A., Ten Rod Road, Lafayette | |
| Muncy, William M., 162 Angell Street, Providence 6 | GA 1-4385 |
| Murphy, John F., 289 Angell Street, Providence 6 | GA 1-0455 |
| Murphy, Robert G., 184 Angell Street, Providence 6 | DE 1-3424 |
| Murphy, Thomas H., 169 Waterman Street, Providence 6 | UN 1-2551 |
| Myrick, John C., 572 Broad Street, Providence 7 | EL 1-1221 |

N

| | |
|--|------------------|
| Nardone, Girard F., (Washington) 4 Elm Street, Westerly | Westerly 4230 |
| Nathans, Samuel (Washington) Watch Hill Road, Westerly | Westerly 2279 |
| Nerone, William S., 21 Bullocks Point Avenue, East Providence 15 | EA 1-4462 |
| Nestor, Thomas A., (Washington) 69 Kenyon Avenue, Wakefield | Narragansett 378 |
| Nevitt, Francis W., 575 Pontiac Avenue, Cranston 10 | HO 1-3500 |
| Nichols, Ira C., Berkeley, California | |
| Nodarse, Raul, 912 Manton Avenue, Providence | EL 1-8684 |
| Normandin, Louis A., 240 Taunton Avenue, East Providence 14 | EA 1-1100 |
| Nourie, Joseph P., 1339 Smith Street, Centerdale 8 | JA 1-7733 |
| Noyes, Ira H., 199 Benefit Street, Providence 3 | DE 1-7585 |

O

| | |
|--|-----------------|
| O'Brien, James P., (Woonsocket) 70 North Main Street, Woonsocket | Woonsocket 3665 |
| O'Brien, John H., 95 Taunton Avenue, East Providence 14 | EA 1-0092 |
| O'Brien, Martin, (Washington) 13 Champlin Street, Wickford | Wickford 2-0995 |
| O'Brien, William B., State Sanatorium, Wallum Lake | Pascoag 22 |
| O'Connell, Francis D., 215 Thayer Street, Providence 6 | GA 1-1441 |
| O'Connell, Joseph C., 215 Thayer Street, Providence 6 | GA 1-9046 |
| O'Connell, Thomas L., 359 Broad Street, Providence 7 | GA 1-3321 |
| O'Connell, William J., 198 Angell Street, Providence 6 | GA 1-1423 |
| O'Connor, John V., (Woonsocket) 247 Gaskill Street, Woonsocket | Woonsocket 3098 |
| O'Connor, Michael J., 105 Waterman Street, Providence 6 | GA 1-0935 |
| Oddo, Vincent J., 322 Broadway, Providence 9 | GA 1-1461 |
| O'Reilly, Edwin B., 737 Smith Street, Providence 8 | DE 1-1132 |

P

| | |
|--|-------------|
| Pahigian, Vahey M., R. I. Hospital, Providence 2 | DE 1-4300 |
| Palmer, William H., 59 Elmwood Avenue, Providence 7 | GA 1-4328 |
| Palumbo, Joseph A., 118 Pocasset Avenue, Providence 9 | EL 1-1916 |
| Pardee, Katherine, State Sanatorium, Wallum Lake | Pascoag 22 |
| Parkinson, James M., 497 Hope Street, Providence 6 | PL 1-3017 |
| Parrillo, Joseph M., 376 Broadway, Providence | UN 1-6556 |
| Partridge, Herbert G., 190 Angell Street, Providence 6 | GA 1-5544 |
| Paterson, John A., Veterans Administration Hospital, Togus, Maine | |
| Pearson, Rudolph W., 300 Thayer Street, Providence 6 | UN 1-2224 |
| Pedorella, Americo J., 242 Broadway, Providence 3 | GA 1-8218 |
| Pelletier, Emery, 505 Elmwood Avenue, Providence 7 | HO 1-3141 |
| Penington, Robert, Jr., U. S. Naval Academy, Annapolis, Maryland | |
| Perry, Thomas, Jr., 154 Waterman Street, Providence 6 | DE 1-1717 |
| Petrucci, Ralph J., (Bristol) 88 Child Street, Warren | WA 1-1121 |
| Phillips, Charles L., (Kent) 294 Main Street, East Greenwich | GR 1-0175-W |
| Pianka, Wallace J., U. S. Veterans Hospital Annex, Vancouver, Washington | |

continued on page 564



CAMP FOR ALL BASIC SCIENTIFIC SUPPORT NEEDS

Prenatal • Postoperative • Pectoral
Pendulous Abdomen • Breast Conditions
Hernia • Orthopedic • Lumbosacral • Sacro-iliac
Dorsolumbar • Visceropexis • Nephropexis

● Developed and improved over four decades of close cooperation with the profession, basic CAMP designs for all basic scientific support needs have long earned the confidence of physicians and surgeons here and abroad. All incorporate the unique CAMP system of adjustment. Regular technical and ethical training of CAMP fitters insures precise and conscientious attention to your recommendations at moderate prices.

If you do not have a copy of the latest CAMP "REFERENCE BOOK FOR PHYSICIANS AND SURGEONS," it will be sent on request.

S. H. CAMP and COMPANY, Jackson, Michigan
World's Largest Manufacturers of Scientific Supports
New York • Chicago • Windsor, Ontario • London, England

YOU MAY RELY on the merchants in your community who display this emblem. Camp Scientific Supports are never sold by door-to-door canvassers. Prices are always based on intrinsic value.

12th Annual Posture Week

OCTOBER 16-21



Communities throughout the nation are preparing to mark this important event in popular health education. A series of full color posters are nationally distributed in schools, colleges, factories, Y's, clinics, health centers and other institutions. These two heavily illustrated booklets have been widely accepted by physicians everywhere for distribution to their patients. Their titles are: "Blue Prints for Body Balance" and "The Human Back . . . its relationship to Posture and Health." Ask for samples or the quantity you need on your letterhead. Write to SAMUEL HIGBY CAMP INSTITUTE FOR BETTER POSTURE, Empire State Building, New York 1, N. Y. Founded by S. H. Camp and Company, Jackson, Mich.



ROSTER OF FELLOWS

continued from page 562

| | |
|--|------------------|
| Pickles, Wilfred, 184 Waterman Street, Providence 6 | GA 1-1228 |
| Pinault, William N., (<i>Pawtucket</i>) 838 Newport Avenue, Pawtucket | PA 2-8474 |
| Pitts, Herman C., 68 Brown Street, Providence 6 | GA 1-4121 |
| Platt, Marden G., (<i>Pawtucket</i>) 319 Willett Avenue, Riverside 15 | EA 1-3836 |
| Porter, Arnold, 454 Angell Street, Providence 6 | PL 1-2440 |
| Porter, Emery M., 454 Angell Street, Providence 6 | PL 1-2440 |
| Porter, Lewis B., 199 Thayer Street, Providence 6 | GA 1-3970 |
| Portnoy, Bradford M. S., 672 Broad Street, Providence 7 | GA 1-4235 |
| Potter, Alfred L., 171 Angell Street, Providence 6 | DE 1-3241 |
| Potter, Charles, 225 Waterman Street, Providence 6 | DE 1-1311 |
| Potter, Edgar S., (<i>Woonsocket</i>) Chepachet | Pascoag 124 |
| Potter, Henry B., (<i>Washington</i>) Wakefield | Narragansett 123 |
| Potter, Merle M., 224 Thayer Street, Providence 6 | GA 1-9184 |
| Potter, Walter H., 68 Jackson Street, Providence 3 | GA 1-4476 |
| Pournaras, Nicholas A., 499 Elmwood Avenue, Providence 7 | WI 1-3022 |
| Pozzi, Gustave, 209 Waterman Avenue, East Providence 14 | EA 1-0330 |
| Prior, James H., 1738 Broad Street, Providence 5 | HO 1-1414 |
| Pritzker, Samuel, 179 Wheeler Avenue, Providence 5 | WI 1-7373 |
| Putnam, Helen C., (<i>No district society</i>) 312 Laurel Avenue, Providence 6 | PL 1-4059 |

Q

| | |
|--|-----------|
| Quesnel, Ernest, 512 Park Avenue, Cranston | ST 1-2562 |
|--|-----------|

R

| | |
|---|------------------|
| Rakatansky, Nathan S., 51 Beacon Circle, Cranston 10 | WI 1-8788 |
| Ramos, Jose M., (<i>Newport</i>) 28 Kay Street, Newport | Newport 85 |
| Randall, Arthur G., (<i>No district society</i>) 511 Westminster Street, Providence 3 | GA 1-2614 |
| Raphael, Sumner, 174 Waterman Street, Providence 6 | DE 1-3585 |
| Rapoport, Bernard, 225 Waterman Street, Providence 6 | DE 1-1934 |
| Rattenni, Arthur, 1011 Smith Street, Providence 8 | EL 1-1011 |
| Reeves, James A., 1404 Broad Street, Providence 5 | HO 1-2224 |
| Regan, John F., State Hospital for Mental Diseases, Howard | HO 1-4700 |
| Rego, Rodrigo P. C., 103 Governor Street, Providence 6 | DE 1-7753 |
| Reich, Jacob, 430 Prairie Avenue, Providence 5 | WI 1-3661 |
| Reid, William A., 300 Thayer Street, Providence 6 | GA 1-3300 |
| Reilly, Joseph W., (<i>Woonsocket</i>) 113 Main Street, Woonsocket | Woonsocket 242-R |
| Reik, Louis, Butler Hospital, Providence 6 | GA 1-3456 |
| Ricci, Edward A., 1985 Smith Street, North Providence 11 | CE 1-0244 |
| Rice, William O., State Infirmary, Howard | HO 1-3700 |
| Richardson, Ralph D., 154 Waterman Street, Providence 6 | UN 1-9056 |
| Riemer, Robert W., 209 Washington Road, Barrington | WA 1-2280 |
| Riley, Clarence J., 507 Manton Avenue, Providence 9 | TE 1-0705 |
| Ripley, Frederic W., Jr., 167 Angell Street, Providence 6 | GA 1-6431 |
| Rittner, Mark, 1408 Broad Street, Providence | WI 1-5577 |
| Roberts, William H., 448 Hope Street, Providence 6 | DE 1-1535 |
| Robinson, Mildred I., (<i>Washington</i>) 21 Grove Avenue, Westerly | Westerly 2234 |
| Robinson, Nathaniel D., 108 Waterman Street, Providence 6 | TE 1-1214 |
| Robinson, Robert C., 133 Waterman Street, Providence 6 | GA 1-1892 |
| Rochelleau, Walter C., (<i>Woonsocket</i>) 38 Hamlet Avenue, Woonsocket | Woonsocket 2067 |
| Rohr, Mary-Elaine J., (<i>Pawtucket</i>) 358 Pawtucket Avenue, Pawtucket | PA 2-2425 |
| Romano, Anthony, 462 Broadway, Providence 9 | UN 1-3577 |
| Ronchese, Francesco, 170 Waterman Street, Providence 6 | GA 1-3004 |
| Ronne, George E., (<i>Pawtucket</i>) 49 Fountain Street, Pawtucket | PA 3-0054 |
| Roque, John A., 952 Park Avenue, Cranston 10 | WI 1-1131 |
| Rosin, Robert, 105 Waterman Street, Providence 6 | JA 1-1441 |
| Ross, Florence M., 55 Bluff Avenue, Providence 5 | WI 1-7868 |
| Ross, Milton G., 355 Thayer Street, Providence 6 | GA 1-8671 |
| Rossi, Matthew W., 784 Park Avenue, Cranston 10 | WI 1-8688 |
| Rossignoli, Vincent P., 201 Broadway, Providence 3 | DE 1-2358 |
| Roswell, Joseph T., (<i>Woonsocket</i>) 50 Providence Street, Woonsocket | Woonsocket 74 |
| Round, Charles B., 62 Overhill Road, Providence | GA 1-6250 |
| Rounds, Albert W., 511 Westminster Street, Providence 3 | GA 1-2927 |
| Rozzero, Paul J., 176 Webster Avenue, Providence 9 | EL 1-3609 |
| Ruggles, Arthur H., Butler Hospital, Providence 6 | GA 1-3456 |
| Ruhmann, Edward F., 1711 Broad Street, Cranston 5 | HO 1-5523 |
| Ruhmann, Warren H., (<i>Kent</i>) 4648 Post Road, East Greenwich | GR 1-0007-W |
| Ruisi, Joseph L. C., (<i>Washington</i>) 21 Elm Street, Westerly | Westerly 4281 |
| Russell, Amy E., 651 Warren Avenue, East Providence 14 | EA 1-0090-R |

| | |
|---|-----------|
| Ryan, J. Frank, 1397 Broad Street, Providence 5 | WI 1-1232 |
| Ryan, Jerome J., 250 Elmwood Avenue, Providence 7 | JA 1-3232 |
| Ryan, Vincent J., 198 Angell Street, Providence 6 | GA 1-4313 |

S

| | |
|---|----------------------|
| Sage, Louis A., 122 Waterman Street, Providence 6 | GA 1-8435 |
| St. Angelo, Joseph A., 1891 Smith Street, North Providence 11 | CE 1-0167 |
| Saklad, Elihu, 154 Waterman Street, Providence 6 | GA 1-0026 |
| Saklad, Meyer, 154 Waterman Street, Providence 6 | GA 1-0026 |
| Saklad, Sarah M., 153 Morris Avenue, Providence 6 | GA 1-0477 |
| Saltzman, Abraham, 155 Angell Street, Providence 6 | DE 1-2110 |
| Sammartino, Agostino, 257 Academy Avenue, Providence 8 | UN 1-7274 |
| Sanborn, Harvey B., 34 Drownie Parkway, East Providence | EA 1-2205 |
| Sannella, Lee G., 124 Waterman Street, Providence 6 | GA 1-9433 |
| Sarafian, John C., 593 Broad Street, Providence 7 | DE 1-1146, GA 1-3333 |
| Sargent, Francis B., 124 Waterman Street, Providence 6 | GA 1-4422 |
| Savastano, Americo A., 102 Waterman Street, Providence 6 | GA 1-4538 |
| Savran, Jack, 295 Angell Street, Providence 6 | PL 1-2112 |
| Sawyer, Carl D., 184 Waterman Street, Providence 6 | GA 1-1582 |
| Sawyer, Carl S., 184 Waterman Street, Providence 6 | DE 1-3355 |
| Sayer, Edmund A., 148 Waterman Street, Providence 6 | PL 1-0148 |
| Scanlan, James J., 1008 Smith Street, Providence 8 | EL 1-7808 |
| Scanlan, Michael H., (Washington) 88 High Street, Westerly | Westerly 2190 |
| Scanlon, Thomas F., 366 Atwells Avenue, Providence 3 | GA 1-0847 |
| Schiff, Bencel L., (Pawtucket) 251 Broadway, Pawtucket | PA 5-3175 |
| Schradeck, Constant E., P. O. Box 98, Newton Highlands, Massachusetts | |
| Schwab, William J., 616 Hope Street, Providence 6 | DE 1-1279 |
| Scorpio, Angelo, 183 Angell Street, Providence 6 | JA 1-1011 |
| Scotti, Ciro O., 770 Providence Street, West Warwick | VA 1-0465 |
| Segall, Werner, 155 Angell Street, Providence 6 | JA 1-1801 |
| Sellman, Priscilla, 21 Lorimer Avenue, Providence 6 | PL 1-6234 |
| Seltzer, Bernard B., 300 Pontiac Avenue, Cranston 10 | WI 1-0094 |
| Seltzer, Edward I., 300 Pontiac Avenue, Cranston 10 | WI 1-0094 |
| Senerchia, Giovanni, (Kent) 525 Providence Street, West Warwick | VA 1-0569 |
| Senseman, Laurence A., (Pawtucket) 1189 Smithfield Avenue, Lincoln | PA 5-4484 |
| Sharp, Benjamin S., 339 Thayer Street, Providence 6 | DE 1-0929 |

continued on next page

DRINK
Coca-Cola
REG. U.S. PAT. OFF.

You trust
its quality

| | |
|--|-------------------|
| Sharp, Ezra A., 339 Thayer Street, Providence 6 | GA 1-1751 |
| Shattuck, George L., 150 George Street, Providence | GA 1-7590 |
| Shaw, Eliot A., c/o North Scituate P. O., Foster | |
| Sheehan, John J., 551 Hope Street, Providence 6 | PL 1-1214 |
| Sleean, Linus A., 210 Angell Street, Providence 6 | GA 1-3028 |
| Sheridan, James J., 1248 Broad Street, Providence 5 | ST 1-6286 |
| Sheridan, James J., (Pawtucket) 329 Broad Street, Central Falls | PA 5-0521 |
| Sheridan, Philip, (Woonsocket) 99 Main Street, Woonsocket | Woonsocket 6910-W |
| Sheridan, Thomas P., 92 Prospect Street, Pawtucket | PA 3-2783 |
| Sherman, Bernard I., 1045 Broad Street, Providence 5 | WI 1-4154 |
| Shields, William P., 221 Thayer Street, Providence 6 | GA 1-2323 |
| Silver, Carroll M., 225 Waterman Street, Providence 6 | UN 1-2021 |
| Silver, Maurice, 224 Thayer Street, Providence 6 | DE 1-2375 |
| Simon, Stanley D., 225 Waterman Street, Providence 6 | UN 1-2021 |
| Smith, Bruce W., 2553 Pawtucket Avenue, East Providence | EA 1-3044 |
| Smith, Clara Loitman, 281 Olney Street, Providence 6 | GA 1-5407 |
| Smith, Daniel A., (Newport) 29 Mary Street, Newport | Newport 3950 |
| Smith, Frederick A., (No district society) 525 Hope Street, Providence 6 | GA 1-3395 |
| Smith, Joseph, City Hall, Providence 3 | GA 1-7740 |
| Smith, Orland F., (Pawtucket) 275 Angell St., Providence 6 | UN 1-1010 |
| Sonkin, Nathan, (Pawtucket) 251 Broadway, Pawtucket | PA 5-0192 |
| Souhey, Charles L., 900 Park Avenue, Cranston 10 | HO 1-2332 |
| Sperber, Perry, 136 Elmwood Avenue, Providence 7 | DE 1-3620 |
| Spicer, Albert D., (Washington) 23 Broad Street, Westerly | Westerly 2561 |
| Sprague, Stanley, (Pawtucket) 101 Broadway, Pawtucket | PA 3-6221 |
| Stephens, H. Frederick, 195 Thayer Street, Providence 6 | GA 1-3867 |
| Stevens, Raymond E., (Pawtucket) 398 Greenwood Avenue, Rumford 16 | EA 1-2508 |
| Stevens, Raymond T., 92 Taunton Avenue, East Providence 14 | EA 1-3933-W |
| Stewart, Frank A., (Newport) 34 Bull Street, Newport | Newport 5940 |
| Stone, Ellen A., 280 Waterman Street, Providence 6 | |
| Stone, Eric P., Cushing General Hospital, Framingham, Massachusetts | |
| Stone, Jacob, 226 Waterman St., Providence 6 | JA 1-1221 |
| Storrs, Berton W., (Newport) Main Road, Portsmouth | Portsmouth 20 |
| Strekier, Edward T., 903A Broad Street, Providence 7 | WI 1-7476 |
| Strekier, John F., 903 Broad Street, Providence 7 | WI 1-1244 |
| Sullivan, James F., (Pawtucket) 84 Broad Street, Pawtucket | PA 2-9138 |
| Sullivan, Michael H., (Newport) 60 Touro Street, Newport | Newport 508 |
| Sullivan, Ralph V., 1192 Westminster Street, Providence 9 | GA 1-1002 |
| Sweeney, John W., 624 Elmwood Avenue, Providence 7 | HO 1-5078 |
| Sweet, Charles F., (Pawtucket) 69 Dryden Avenue, Pawtucket | PA 2-3975 |
| Sweet, Gustaf, 105 Waterman Street, Providence 6 | GA 1-1979 |
| Sydłowski, Edmund J., 66 Doyle Avenue, Providence 6 | GA 1-3050 |

T

| | |
|--|--------------------|
| Taft, George H., 8 Myrtle Street, Providence | PL 1-0091 |
| Taggart, Fenwick G., (Kent) 1 Montrose Street, East Greenwich | GR 1-0334 |
| Tanguay, J. Edgar, (Woonsocket) 281 Harris Avenue, Woonsocket | Woonsocket 440 |
| Tarro, Michael A., 973 Atwells Avenue, Providence 3 | EL 1-3424 |
| Tartaglino, Alfred M., (Newport) 75 Pelham Street, Newport | Newport 4190 |
| Tatum, Julianna R., (Washington) 8 Margin Street, Westerly | Westerly 2636 |
| Taylor, Harold W., (Newport) Little Compton | Little Compton 146 |
| Tefft, Benjamin F., (Kent) 185 Washington Street, West Warwick | VA 1-0229 |
| Temple, Francis E., (Kent) 1527 Warwick Avenue, Hoxsie | BA 1-1265 |
| Tetreault, Adrien G., (Pawtucket) 650 Central Avenue, Pawtucket | PA 5-7955 |
| Thewlis, Malford W., (Washington) 25 Mechanic Street, Wakefield | Narragansett 4 |
| Thomas, Alton P., (Woonsocket) 18 Monument Square, Woonsocket | Woonsocket 6846-W |
| Thompson, Edward R., (Pawtucket) 18 Exchange Street, Pawtucket | PA 2-3331 |
| Thompson, Edwin G., 68 Pocasset Avenue, Providence 9 | EL 1-3258 |
| Thompson, Ernest D., 90 Waterman Street, Providence 6 | UN 1-1115 |
| Thompson, William C., (Westerly) Washington Trust Building, Westerly | Westerly 4770 |
| Tingley, Louisa P., 171 Westminster Street, Providence 3 | GA 1-5922 |
| Tollefson, George A., (Newport) 12 Kay Street, Newport | Newport 6349 |
| Trainor, Edward H., (Pawtucket) 69 Walcott Street, Pawtucket | PA 2-1033 |
| Tremblay, Euclide L., (Woonsocket) 66 Hamlet Avenue, Woonsocket | Woonsocket 4477-R |
| Triedman, Harry, (Pawtucket) 33 Cottage Street, Pawtucket | PA 5-5420 |
| Troppoli, Daniel V., 380 Broadway, Providence 9 | UN 1-3325 |
| Trott, Raymond H., 219 Waterman Street, Providence 6 | GA 1-1721 |
| Tully, William H., Jr., (Washington) 32 Lake Street, Wakefield | Narragansett 80 |
| Turco, Salvatore J. P., (Washington) 170 High Street, Peace Dale | Narragansett 34 |
| Turner, Charles S., 31 Hemalin Road, Cranston | WI 1-4114 |

continued on page 570

EYE, EAR, NOSE AND THROAT

THOMAS R. LITTLETON, M.D.

Ear, Nose and Throat

Office Hours by Appointment

204 Angell Street Providence 6, R. I.
Phone GAspee 1-2650**BENJAMIN FRANKLIN TEFFT, M.D.***Ear, Nose and Throat*185 Washington Street West Warwick, R. I.
Hours by appointment Valley 1-0229**HERMAN A. WINKLER, M.D.***Ear, Nose and Throat*224 Thayer Street, Providence, R. I.
Hours by appointment Call GAspee 1-4010**MILTON G. ROSS, M.D.***Practice limited to Diseases of the Eye*

Office Hours by Appointment

355 Thayer Street Providence 6, R. I.
GAspee 1-8671**NATHANIEL D. ROBINSON, M. D.***Practice limited to Diseases of the Eye*

Office Hours by Appointment

108 Waterman Street Providence 6, R. I.
TEmple 1-1214**NEURO-PSYCHIATRY**

DAVID J. FISH, M.D.

Neuropsychiatry

355 Thayer Street

Providence 6, R. I.

JAckson 1-9012 Hours by appointment

HUGH E. KIENE, M.D.

Neuro-Psychiatry

112 Waterman Street Providence 6, R. I.

Telephone: Plantations 1-5759

Hours: By appointment

PROCTOLOGY

THAD. A. KROLICKI, M.D.

*Practice Limited to Diseases of
Anus, Rectum and Sigmoid Colon*

Hours by appointment

102 Waterman Street, Providence, R. I.
Call JAckson 1-9090**PSYCHIATRY**

GERTRUDE L. MULLER, M. D.

*Psychiatry*118 Pitman Street, Providence 6, R. I.
Hours by Appointment Only
Doctor may be reached after 5 p.m. daily,
and weekends, at DExter 1-5398

**STATEMENT OF THE OWNERSHIP, MANAGEMENT, CIRCULATION, ETC.,
REQUIRED BY THE ACT OF CONGRESS OF AUGUST 24, 1912,
AS AMENDED BY THE ACTS OF MARCH 3, 1933, AND JULY 2, 1946
of Rhode Island Medical Journal, published monthly at Providence,
Rhode Island, for October, 1950
State of Rhode Island}ss.
County of Providence}**

Before me, a Notary Public in and for the State and county aforesaid, personally appeared Peter Pineo Chase M.D., who, having been duly sworn according to law, deposes and says that he is the Editor-in-Chief of the *Rhode Island Medical Journal* and that the following is, to the best of his knowledge and belief, a true statement of the ownership, management (and if a daily, weekly, semiweekly or triweekly newspaper, the circulation), etc., of the aforesaid publication for the date shown in the above caption, required by the Act of August 24, 1912, as amended by the Acts of March 3, 1933 and July 2, 1946 (section 537, Postal Laws and Regulations), printed on the reverse of this form, to wit:

1. That the names and addresses of the publisher, editor, managing editor, and business managers are: Publisher, Rhode Island Medical Society, 106 Francis Street, Providence 3, R. I.; Editor, Peter Pineo Chase, M.D., 106 Francis Street, Providence 3, R. I.; Managing Editor, John E. Farrell, Sc.D., 106 Francis Street, Providence 3, R. I.

2. That the owner is Rhode Island Medical Society, 106 Francis Street, Providence, R. I.

3. That the known bondholders, mortgagees, and other security holders owning or holding 1 per cent or more of total amount of bonds, mortgages, or other securities are: None.

4. That the two paragraphs next above, giving the names of the owners, stockholders, and security holders, if any, contain not only the list of stockholders and security holders as they appear upon the books of the company but also, in cases where the stockholder or security holder appears upon the books of the company as trustee or in any other fiduciary relation, the name of the person or corporation for whom such trustee is acting, is given; also that the said two paragraphs contain statements embracing affiant's full knowledge and belief as to the circumstances and conditions under which stockholders and security holders who do not appear upon the books of the company as trustees, hold stock and securities in a capacity other than that of a bona fide owner; and this affiant has no reason to believe that any other person, association, or corporation has any interest direct or indirect in the said stock, bonds, or other securities than as so stated by him.

PETER PINEO CHASE, M.D., *Editor*

Sworn to and subscribed before me this 21st day of September, 1950.

JOHN E. FARRELL
(My commission expires June 30, 1951)

[SEAL.]

BE AT WOONSOCKET . . .**DECEMBER 13**

ROSTER OF FELLOWS

continued from page 566

| | |
|---|-----------------|
| Turner, Henry E., (<i>Pawtucket</i>) 101 Broadway, Pawtucket | PA 2-0594 |
| Turner, Howard K., 199 Thayer Street, Providence 6 | GA 1-7368 |
| Turner, J. Lincoln, (<i>Pawtucket</i>) 101 Broadway, Pawtucket | PA 2-0594 |
| Turner, John, II, 154 Waterman Street, Providence | GA 1-5775 |
| Tweddell, Henry J., (<i>Woonsocket</i>) 115 Cass Street, Woonsocket | Woonsocket 5322 |

U

| | |
|--|-----------|
| Umstead, Howard W., (<i>Pawtucket</i>) 124 Waterman Street, Providence | GA 1-1808 |
| Utter, Henry E., 122 Waterman Street, Providence 6 | GA 1-2147 |

V

| | |
|---|--------------------|
| Vallone, John J., 1295 Cranston Street, Cranston | JA 1-2433 |
| Van Benschoten, George W., 195 Thayer Street, Providence 6 | GA 1-3867 |
| Vaughn, Arthur H., 138 Warren Avenue, East Providence 14 | EA 1-1721 |
| Verrone, Anthony C., Maryland General Hospital, Linden Ave. at Madison Street, Baltimore, Md. | |
| Vian, George M., (<i>Woonsocket</i>) 18 Monument Square, Woonsocket | Woonsocket 5914-W |
| Vidal, Jeannette E., (<i>Kent</i>) 14 St. John Street, West Warwick | VA 1-0544 |
| Vieira, Edwin, 221 Warren Avenue, East Providence 14 | EA 1-2248 |
| Visgilio, Thomas, Jr., (<i>Washington</i>) Washington Trust Building, Westerly | Westerly 2509 |
| Von Trapp, Rupert, (<i>Newport</i>) Adamsville | Little Compton 478 |
| Vose, Francis P., (<i>Woonsocket</i>) 175 Harris Avenue, Woonsocket | Woonsocket 662 |
| Votta, Paul J., St. Joseph's Hospital, Providence 7 | DE 1-2700 |

W

| | |
|---|-------------------|
| Walsh, John G., 221 Thayer Street, Providence 6 | GA 1-1710 |
| Waterman, George W., 155 Thayer Street, Providence 6 | DE 1-4229 |
| Webber, Joseph B., 730 Broad Street, Providence 7 | ST 1-5774 |
| Webster, Frederick A., (<i>Pawtucket</i>) 131 Waterman Street, Providence 6 | JA 1-4258 |
| Westcott, Clinton S., 454 Angell Street, Providence 6 | PL 1-2440 |
| Westcott, Niles, Butler Hospital, Providence 6 | GA 1-3456 |
| Weyler, Henry L. C., 335 Angell Street, Providence 6 | GA 1-0720 |
| Whipple, Richard K., 122 Waterman Street, Providence 6 | DE 1-1700 |
| Whitmarsh, Robert H., 154 Angell Street, Providence 6 | GA 1-3061 |
| Wilcox, Roswell S., 1374 Eddy Street, Providence 5 | WI 1-4224 |
| Williams, Harold W., 129 Waterman Street, Providence 6 | UN 1-0459 |
| Williams, Robert J., 64 Valentine Circle, Covesett | GR 1-3011 |
| Windsberg, Eske, 203 Thayer Street, Providence 6 | PL 1-4343 |
| Wing, Elihu S., 155 Thayer Street, Providence 6 | GA 1-3314 |
| Winkler, Herman A., 224 Thayer Street, Providence 6 | GA 1-4010 |
| Winkler, Malcolm, 199 Thayer Street, Providence 6 | DE 1-0105 |
| Wise, Bernard O., Box 291, Phoenixville, Pennsylvania | |
| Wittes, Saul A., (<i>Woonsocket</i>) Stadium Building, Woonsocket | Woonsocket 5910-W |
| Wittig, Joseph E., (<i>Kent</i>) 331 Washington Street, West Warwick | VA 1-0919 |
| Wolfe, Hattie G., State Hospital, Howard | HO 1-4700 |
| Woodcome, Harold A., (<i>Pawtucket</i>) 156 Broadway, Pawtucket | PA 3-4426 |
| Wright, David G., Butler Hospital, Providence 6 | GA 1-3456 |

Y

| | |
|--|-------------|
| Yessian, Mark A., 184 Elmwood Avenue, Providence 7 | DE 1-6613 |
| Young, Daniel D., 134 Francis Street, Providence 3 | GA 1-7517 |
| Young, George L., (<i>Kent</i>) 4640 Post Road, East Greenwich | GR 1-0614-W |

Z

| | |
|---|----------------|
| Zamil, Edward, (<i>Newport</i>) 99 Touro Street, Newport | Newport 6616-W |
| Zecchino, Vincent, 199 Thayer Street, Providence 6 | UN 1-9000 |
| Zielinski, Norbert U., (<i>Newport</i>) 27 Kay Street, Newport | Newport 623 |
| Zimdahl, Walter T., 431 Parkhurst Avenue, Kenmore 23, New York | |
| Zinno, Genarino R., 334 Branch Avenue, Providence 4 | GA 1-6534 |
| Zolmian, Hrad H., (<i>Pawtucket</i>) 116 Mineral Spring Avenue, Pawtucket | PA 2-1388 |
| Zouraboff, Catherine, 167 Julia Street, Cranston 10 | WI 1-4485 |
| Zucker, Joseph M., Mental Hygiene Clinic, Veterans Administration, Providence | JA 1-5050 |
| Zurawski, Charles, 30 Olneyville Square, Providence 9 | JA 1-7611 |

CUTANEOUS CHANGES ASSOCIATED WITH PREGNANCY

concluded from page 528

- *Patterson, W. B.: Thrombocytopenic Purpura in Pregnancy and in the Newborn, *J. A. M. A.* 130:700 (March 16) 1946.
- *Rushmore, S.: Purpura Complicating Pregnancy, *Am. J. Obst. & Gynec.* 10:553 (Oct.) 1925.
- *Pollitzer, S.: Remarks on the Dermatoses of Pregnancy, *Am. J. Obst.* 53:199 (Jan.) 1906.
- *Hollander, L., and Vogel, H. R.: More Frequent Skin Diseases Occurring During Pregnancy, *Pennsylvania M. J.* 48:454 (Feb.) 1945.
- *Sandler, I. L.: Impetigo Herpetiformis. A Report of a Case and Brief Review of the Literature, *Urol. & Cut. Rev.* 43:347 (May) 1939.
- *Downing, J. G., and Jillson, O. F.: Herpes Gestationis: Fetal Anomaly Treated Successfully with Sulfaipyridine, *New Eng. J. Med.* 241:906 (Dec. 8) 1949.
- *Crawford, G. M., and Leeper, R. W.: Diseases of the Skin in Pregnancy, *Arch. Dermat. & Syph.* 61:753 (May) 1950.
- *Mueller, C. W., and Lapp, W. A.: Herpes Gestationis—Report of Two Cases and Survey of Literature, *Am. J. Obst. & Gynec.* 48:170 (Aug.) 1944.
- *Weidman, F. D.: In discussion of Elliott, J. A.: Bullous Dermatoses of Toxic Origin. Report of a Case Involving an Association with Choriocarcinoma, *Arch. Dermat. & Syph.* 37:219 (Feb.) 1938.
- *Antoine: Cited by Mueller and Lapp¹⁴.
- *Perrin, C.: Cited by Howard, R. L.: Herpes Gestationis. Report of a Case, *Arch. Dermat. & Syph.* 28:782 (Dec.) 1933.
- *Sayer, A.: In discussion of Kampf, M. B.: Herpes Gestationis, *Arch. Dermat. & Syph.* 42:982 (Nov.) 1940.
- *Sulzberger, M. B., and Rostenberg, A., Jr.: Practical Procedures in Investigation of Certain Allergic Dermatoses, *J. Allergy* 6:448 (July) 1935.
- *Andrews, G. C.: Diseases of the Skin. For Practitioners and Students, ed. 3, Philadelphia, W. B. Saunders Co., 1946, p. 159.
- *Gross, P.: Erythema Multiforme Gestationis, *Arch. Dermat. & Syph.* 23:567 (Oct.) 1930.
- *Kaiser: Cited by Costello¹.
- *Monash, S.: Proliferative Gingivitis of Pregnancy, *Arch. Dermat. & Syph.* 24:580 (Oct.) 1931.
- *Standar, H. J.: Williams Obstetrics. A Textbook for the Use of Students and Practitioners, ed. 8, New York, D. Appleton-Century Co., 1941, p. 580.
- *Brickner, S. M.: Fibroma Molluscum Gravidarum: A New Clinical Entity, *Am. J. Obst.* 53:191 (Jan.) 1906.
- *Templeton, H. J.: Cutaneous Tags of the Neck, *Arch. Dermat. & Syph.* 33:495 (March) 1936.
- *Petrini: Cited by Costello¹.
- *Spitzer, W.: Cited by Costello¹.
- *Ormsby, O. S., and Montgomery, H.: Diseases of the Skin, ed. 7, Philadelphia, Lea & Febiger, 1948, p. 957.
- *Beinhauer, L. G.: In discussion of Crawford and Leeper¹³.
- *Kanof, N. B.: Lupus Erythematosus: Physiological Aspects, *Arch. Dermat. & Syph.* 61:904 (June) 1950.
- *Ellis, F. A.: In discussion of Crawford and Leeper¹³.
- *Moore, J. E.: Modern Treatment of Syphilis, ed. 2, Springfield, Ill., Charles C. Thomas, 1943, p. 474.
- *Kemp, J. E., and Menninger, W. C.: Influence of Pregnancy on the Course of Syphilis, *Brit. J. Ven. Dis.* 12:206 (July) 1936.
- *Thomas, E. W.: Syphilis: Its Course and Management, New York, The Macmillan Co., 1949, pp. 264-266.

proof of performance

shown by

proof of preference



Sealy's Accepted*
Orthopedic Mattress now

**WORLD'S LARGEST SELLING
ORTHOPEDIC MATTRESS**

To patients suffering from morning backache due to sleeping on an inferior mattress or improperly fitted bedboards, you may suggest the Sealy Orthopedic, with confidence.

*Accepted for advertising in the Journal of the American Medical Association, Sealy's Orthopedic is now the most widely used mattress of its type in the world. Since it is correctly firm it insures proper sleeping posture, gives natural support and complete comfort, too. For patients bothered by "low" morning backache, possibly caused by sleeping on flabby mattress or make-shift bedboard, you may mention the Sealy Orthopedic knowing it is giving helpful relief in steadily increasing thousands of cases.



Sealy

SEALY MATTRESS COMPANY
79 Benedict Street Waterbury, Connecticut



Patient Under Treatment

FOR URINARY TRACT
INFECTION

ENJOYS

*Gratifying
Relief*

from distressing
symptoms

The action of orally administered Pyridium often enables patients to carry on without interruption of normal pursuits throughout the course of specific treatment of uncomplicated cystitis, urethritis, and pyelonephritis.

This effective urinary analgesic relieves distressing symptoms such as urinary frequency and pain and burning on urination, without systemic sedation or narcotic action.

Pyridium is the trade-mark of Nepera Chemical Co., Inc., successor to Pyridium Corporation, for its brand of phenylazo-diamino-pyridine HCl. Merck & Co., Inc. sole distributor in the United States.

The complete story of Pyridium and its clinical uses is available upon request.



Pyridium®

(Brand of phenylazo-diamino-pyridine HCl)

MERCK & CO., INC. Manufacturing Chemists RAHWAY, NEW JERSEY

In Canada: Merck & Co. Limited—Montreal, Que.

The RHODE ISLAND MEDICAL JOURNAL

Editorial and Business Office: 106 Francis Street, Providence, R. I.

Editor-in-Chief: PETER PINEO CHASE, M.D.

Managing Editor: JOHN E. FARRELL

*Owned and Published Monthly by
THE RHODE ISLAND MEDICAL SOCIETY*

Entered as second-class matter at the post office at Providence, Rhode Island

Single copies, 25 cents . . . Subscription, \$2.00 per year.

Volume XXXIII, No. 11

November, 1950

TABLE OF CONTENTS

| | PAGE |
|--|------|
| Metastatic Krukenberg Tumor of the Ovary, Primary in the Breast, <i>Henry C. McDuff, M.D.</i> | 589 |
| Serum Protein, Cephalin Flocculation, and Thymol Turbidity Alterations in Lupus Erythematosus <i>Disseminatus, Robert V. Lewis, M.D. and Louis I. Kramer, M.D.</i> | 594 |
| Use of Testosterone in Breast Tumor, <i>William J. Schwab, M.D.</i> | 598 |
| First Aid in Places of Employment | 618 |

EDITORIALS

| | |
|-----------------------------|-----|
| Minority Spokesmen | 600 |
| Convalescent Homes | 601 |
| Midwinter Meeting | 602 |
| Industrial Medical Services | 602 |

DEPARTMENTS

| | |
|---------------------------------------|-----|
| Book Reviews | 631 |
| District Medical Society Meetings | 622 |
| House of Delegates, Report of Meeting | 604 |

MISCELLANEOUS

| | |
|--|-----|
| Committees on Professional Relations and Hospitals | 628 |
| Index of Advertisers | 632 |

Steroid Hormone



Economical Convenient Therapy

| | |
|---|---|
| <i>Androgenic</i> Metandren® LINGUETS methyltestosterone 5 mg., white • 10 mg., yellow | <i>Progestational</i> Lutocylol® LINGUETS anhydrohydroxyprogesterone 10 mg., yellow |
| <i>Estrogenic</i> Eticylol® LINGUETS ethynodiol diacetate 0.5 mg., pink | <i>Adrenocortical</i> Percorten® LINGUETS desoxycorticosterone 2 mg., green • 5 mg., tan |

LINGUETS are specially shaped to fit comfortably into the buccal pocket; highly compressed to insure slow effective absorption of the hormone directly into the systemic circulation.

LINGUETS should not be confused with ordinary tablets which have been "proved relatively ineffective" by sub-lingual administration.

— Escamilla, R. F. and Gordan, G. S.
 Bull. Univ. California Med. Center, Nov. 1949

Ciba

PHARMACEUTICAL PRODUCTS, INC., SUMMIT, N. J.

2/1873M